

# EXHIBIT A

Nicole Fleischmann, M.D.

Page 1

1 IN THE SUPERIOR COURT OF NEW JERSEY

2 LAW DIVISION - BERGEN COUNTY

3 CIVIL ACTION

4 - - -

5 KATHRYN E. CORBET and : DOCKET NO. BER-L-14589-14 MCL  
 6 ERIC R. CORBET :  
 Plaintiffs, :  
 v. :  
 7 ETHICON, INC., ETHICON : MASTER DOCKET NO.  
 WOMEN'S HEALTH AND UROLOGY, : BER-L-11575-14  
 8 a Division of Ethicon, :  
 Inc., GYNECARE, JOHNSON & :  
 9 JOHNSON, AND JOHN DOES 1-20 :  
 Defendants. :

11 - - -

12 NOVEMBER 24, 2015

13 - - -

15 Videotape deposition of NICOLE

16 FLEISCHMANN, M.D., taken pursuant to notice, was  
 17 held at the law offices of Riker Danzig Scherer  
 18 Hyland & Perretti, LLP, 500 Fifth Avenue, 49th  
 19 Floor, New York, New York 10110, commencing at 9:34  
 20 a.m., on the above date, before Amanda Dee  
 21 Maslynsky-Miller, a Certified Realtime Reporter and  
 22 Notary Public in and for the State of New York.

23 - - -

24 GOLKOW TECHNOLOGIES, INC.  
 877.370.3377 ph|917.591.5672 fax  
 25 deps@golkow.com

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3	MAZIE SLATER KATZ & FREEMAN, LLC	3	- - -
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5	103 Eisenhower Parkway	5	NO. DESCRIPTION PAGE
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13	BY: KELLY S. CRAWFORD, ESQUIRE	13	Fleischmann-14 11/7/09 E-mail from N. Fleischmann to S. Jones 175
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15	Headquarters Plaza	15	Fleischmann-16 12/13/08 Invoice 180
16	One Speedwell Avenue	16	
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21	Representing the Defendant,	21	
22	Ethicon, Inc.	22	
23		23	
24		24	
25		25	
19	ALSO PRESENT: Henry Marte, Videographer		
20	- - -		
21			
22			
23			
24			
25			

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3	I N D E X	3	- - -
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5	Testimony of: NICOLE FLEISCHMANN, M.D.	5	Direction to Witness Not to Answer
6		6	Page Line Page Line Page Line
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<p style="text-align: right;">Page 6</p> <p>1                   - - -</p> <p>2                   (It is hereby stipulated and agreed</p> <p>3 by and among counsel that sealing, filing and</p> <p>4 certification are waived; and that all objections,</p> <p>5 except as to the form of the question, will be</p> <p>6 reserved until the time of trial.)</p> <p>7                   - - -</p> <p>8                   VIDEO TECHNICIAN: We are now on the</p> <p>9 record. My name is Henry Marte. I am an</p> <p>10 videographer for Golkow Technologies. Today's date</p> <p>11 is November 24th, 2015, and the time is 9:34 a.m.</p> <p>12 This videotape deposition is being held at 500 Fifth</p> <p>13 Avenue, New York, New York, taken in the matter of</p> <p>14 Corbet versus Ethicon, Inc., filed in the Superior</p> <p>15 Court of New Jersey, Law Division, Bergen County.</p> <p>16                   The deponent is Dr. Nicole</p> <p>17 Fleischmann. Counsel will be noted on the</p> <p>18 stenographic record. The court reporter is Amanda</p> <p>19 Miller and will now swear in the witness.</p> <p>20                   - - -</p> <p>21                   NICOLE FLEISCHMANN, M.D., after</p> <p>22 having been duly sworn, was examined and testified</p> <p>23 as follows:</p> <p>24                   - - -</p> <p>25                   EXAMINATION</p>	<p style="text-align: right;">Page 8</p> <p>1 after they object, okay?</p> <p>2                   A.     Okay.</p> <p>3                   Q.     And at the end of the deposition, if</p> <p>4 they question you, give me a chance to object to</p> <p>5 their questions, because I may do that, too. All</p> <p>6 right?</p> <p>7                   A.     Okay.</p> <p>8                   - - -</p> <p>9                   (Whereupon, Exhibit Fleischmann-1,</p> <p>10 Notice of Deposition, was marked for</p> <p>11 identification.)</p> <p>12                   - - -</p> <p>13 BY MR. SLATER:</p> <p>14                   Q.     We've marked as Exhibit-1 to your</p> <p>15 deposition the notice for deposition.</p> <p>16                   Have you seen that before?</p> <p>17                   A.     Yes, I have.</p> <p>18                   Q.     One of the questions I have is</p> <p>19 whether or not you have any, or have had in the</p> <p>20 past, any consulting agreements with Ethicon?</p> <p>21                   A.     Consulting agreements in terms of</p> <p>22 being a proctor or preceptor, yes.</p> <p>23                   Q.     How many times did you enter into</p> <p>24 consulting agreements?</p> <p>25                   A.     It was over the course of a four- or</p>
<p style="text-align: right;">Page 7</p> <p>1                   - - -</p> <p>2 BY MR. SLATER:</p> <p>3                   Q.     Good morning, Dr. Fleischmann.</p> <p>4                   A.     Good morning.</p> <p>5                   Q.     I'm Adam Slater. I'm here to take</p> <p>6 your deposition today. You understand that's why</p> <p>7 we're here, right?</p> <p>8                   A.     Yes.</p> <p>9                   Q.     You understand you have to tell the</p> <p>10 truth in response to all my questions?</p> <p>11                   A.     Yes.</p> <p>12                   Q.     If I ask you a question that doesn't</p> <p>13 make sense to you for some reason; for example, I</p> <p>14 may mispronounce medical terminology or I may ask a</p> <p>15 question where it just doesn't make sense, for</p> <p>16 whatever reason, just tell me, tell me what's</p> <p>17 unclear and I'll try to re-ask the question.</p> <p>18                   A.     Okay.</p> <p>19                   Q.     Counsel may object to questions. If</p> <p>20 they do, they'll just say objection. And then</p> <p>21 you'll answer, unless something happens that I've</p> <p>22 never seen before. But who knows?</p> <p>23                   They are allowed to place objections,</p> <p>24 they're doing that to preserve their rights for the</p> <p>25 future. So if they do it, just answer the question</p>	<p style="text-align: right;">Page 9</p> <p>1 five-year period.</p> <p>2                   Q.     What four- to five-year period?</p> <p>3                   A.     2000 and -- I'm really guessing, to</p> <p>4 be honest. Somewhere about 2005 and 2010, I would</p> <p>5 say.</p> <p>6                   Q.     When did you last have a contractual</p> <p>7 relationship with Ethicon of any nature?</p> <p>8                   A.     Again, I'm guessing. But I believe</p> <p>9 it was about 2010, maybe 2011.</p> <p>10                   Q.     You're giving me your best estimate,</p> <p>11 right?</p> <p>12                   A.     Exactly.</p> <p>13                   Q.     Okay. How much total money did</p> <p>14 Ethicon pay you over the years?</p> <p>15                   A.     It was not a tremendous amount. I</p> <p>16 think I've seen in the record it was about \$10,000</p> <p>17 over five years.</p> <p>18                   Q.     How much -- rephrase.</p> <p>19                   Are you able to estimate the benefits</p> <p>20 they gave to you or gave on your behalf, for</p> <p>21 example, airfare or meals or anything like that, or</p> <p>22 rides to places? They did those things, too, right?</p> <p>23                   A.     Probably, all said and done, under</p> <p>24 \$200.</p> <p>25                   Q.     You've had under \$200 in meals from</p>

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<p style="text-align: right;">Page 10</p> <p>1 Ethicon over the years?</p> <p>2 A. If that. I don't remember ever</p> <p>3 eating any meals on Ethicon.</p> <p>4 Q. Okay.</p> <p>5 A. Unless -- I can't remember if we ever</p> <p>6 had a dinner or something that involved a meal.</p> <p>7 Q. You can't remember if you ever had a</p> <p>8 dinner where Ethicon brought you to dinner with</p> <p>9 other doctors and paid for it? Is it hard -- you</p> <p>10 don't remember that?</p> <p>11 A. If it happened, maybe it happened</p> <p>12 once. I don't -- yeah, I don't recall. I'll be</p> <p>13 honest.</p> <p>14 Q. Didn't you review e-mails and</p> <p>15 documents that showed you having dinners where</p> <p>16 Ethicon took you out to dinner? Didn't you review</p> <p>17 that before the deposition?</p> <p>18 A. I don't recall any e-mails or</p> <p>19 documents where I was taken out to dinner by</p> <p>20 Ethicon. I did review e-mails, but I don't recall</p> <p>21 any of those.</p> <p>22 Q. Okay. Who at Ethicon have you had a</p> <p>23 relationship with over the years? Tell me the names</p> <p>24 of the people that you've worked with there.</p> <p>25 A. Currently, I don't have any</p>	<p style="text-align: right;">Page 12</p> <p>1 A. She was someone in prof/ed and</p> <p>2 marketing.</p> <p>3 Q. What was your interaction with</p> <p>4 Melissa Doyle from professional education/marketing?</p> <p>5 A. I had gone to a couple of pelvic</p> <p>6 floor meetings where she was running the meeting.</p> <p>7 Q. Pelvic floor meetings, who was</p> <p>8 attending those meetings?</p> <p>9 A. Other physicians who were doing</p> <p>10 Ethicon products, who they were asking for our</p> <p>11 feedback about the products and their use.</p> <p>12 Q. Were you paid to attend those</p> <p>13 meetings?</p> <p>14 A. Yes.</p> <p>15 Q. How much were you paid?</p> <p>16 A. I believe, maybe, \$1,000 for a</p> <p>17 meeting.</p> <p>18 Q. When did those meetings take place?</p> <p>19 A. Actually, I want to retract that. I</p> <p>20 don't think I was paid for those meetings. I don't</p> <p>21 think I was paid for those meetings.</p> <p>22 Q. Where did the meetings take place?</p> <p>23 A. I don't remember.</p> <p>24 Q. New Jersey? New York?</p> <p>25 A. There was one in New Jersey. I went</p>
<p style="text-align: right;">Page 11</p> <p>1 relationship with anyone from Ethicon. I would say</p> <p>2 that I do remember some of my reps over the years.</p> <p>3 MR. SLATER: Move to strike.</p> <p>4 BY MR. SLATER:</p> <p>5 Q. Doctor, if I ask you a question, I'd</p> <p>6 rather you not tell me about what you don't -- about</p> <p>7 something else I didn't ask you about. So it's a</p> <p>8 very direct question.</p> <p>9 Who at Ethicon can you name that you</p> <p>10 have worked with in the past?</p> <p>11 MS. KABBASH: Objection.</p> <p>12 THE WITNESS: I remember General was</p> <p>13 my rep, I'm blanking on his last name. I remember</p> <p>14 my original Ethicon rep was Jeff Potkul. And there</p> <p>15 may have been some other reps in there that I just</p> <p>16 don't recall their names.</p> <p>17 BY MR. SLATER:</p> <p>18 Q. Anybody else at Ethicon you ever</p> <p>19 worked with?</p> <p>20 A. I had some exchanges with Scott Jones</p> <p>21 over the years. But -- maybe Melissa Doyle.</p> <p>22 Q. Anybody else?</p> <p>23 A. Not that I recall.</p> <p>24 Q. Melissa Doyle, what was her role, to</p> <p>25 your knowledge?</p>	<p style="text-align: right;">Page 13</p> <p>1 to a couple, two total. And I think one was in New</p> <p>2 Jersey, and I can't remember where the other one</p> <p>3 was. I remember traveling somewhere.</p> <p>4 Q. Traveling by car or traveling by</p> <p>5 airplane? Or train or bus?</p> <p>6 A. I think by car. But I can't</p> <p>7 remember. I'm being honest. It was a while ago.</p> <p>8 Q. I appreciate you're being honest.</p> <p>9 I'll assume you will be honest today.</p> <p>10 A. I don't remember where the meetings</p> <p>11 took place.</p> <p>12 Q. You understand that you have to be</p> <p>13 honest today?</p> <p>14 A. I do. I try to be.</p> <p>15 Q. Scott Jones, what was his role?</p> <p>16 A. Also a liaison in the -- in the</p> <p>17 marketing area. And he would attend those meetings</p> <p>18 as well. That's how I remember his name.</p> <p>19 Q. Do you consider yourself, when you</p> <p>20 were working with Ethicon, to be helping them with</p> <p>21 their marketing?</p> <p>22 A. No.</p> <p>23 Q. Do you know that they considered you</p> <p>24 to be helping them with their marketing?</p> <p>25 A. Perhaps.</p>

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<p style="text-align: right;">Page 14</p> <p>1 Q. Did you understand, when you were 2 working with Ethicon, that they saw you as someone 3 who could help them to market their products? 4 MS. KABBASH: Objection. 5 THE WITNESS: I never saw it as that. 6 I saw that they were asking our feedback to help 7 understand how we can better the products. 8 BY MR. SLATER: 9 Q. Were there times that you spoke to 10 other physicians on behalf of Ethicon? 11 A. No. 12 MS. KABBASH: Objection. 13 BY MR. SLATER: 14 Q. You never did preceptorship or a 15 proctorship? 16 A. Oh, sure. I did -- I did a couple 17 preceptorships and proctorships. 18 Q. And when you were in those events, 19 you spoke to other doctors, right? 20 A. I was teaching other doctors how to 21 use the products. 22 Q. Did you understand that one of the 23 purposes of that event, from Ethicon's perspective, 24 was to help get those doctors interested in using 25 the products and, thereby, increasing sales? Did</p>	<p style="text-align: right;">Page 16</p> <p>1 BY MR. SLATER: 2 Q. Did Ethicon help you advertise your 3 services to patients? 4 A. No. 5 Q. Did they ever talk to you -- 6 rephrase. 7 Did Ethicon ever contact you and 8 discuss with you, in some way, the possibility they 9 could help to bring patients to your office? 10 A. If they did, I don't recall. 11 Q. Jeff Potkul, you said, was your 12 original sales representative? 13 A. Yes. 14 Q. Do you have any sense of what the 15 time period was? 16 A. Probably about 2007 or '06. 17 Q. You said someone named General 18 something was another sales? 19 A. General Butler. I just remembered 20 his last name. 21 Q. General Butler was your sales 22 representative during what period of time? 23 A. After -- after Jeff had left. 24 Q. So after 2007 or around then? 25 A. Probably around 2010 or '11.</p>
<p style="text-align: right;">Page 15</p> <p>1 you understand that was one purpose, from Ethicon's 2 perspective? 3 A. I don't know what Ethicon's 4 perspective was in that. 5 Q. Well, that was the question. 6 You didn't know? 7 A. I don't know. I know what my 8 perspective was. 9 Q. Didn't you ask you your perspective. 10 So let's try it again. 11 A. Sure. 12 Q. When you were a preceptor or proctor, 13 did you understand that one of the purposes of that 14 event, from Ethicon's perspective, was to interest 15 doctors in their product and help increase sales? 16 Did you understand that Ethicon that purpose in 17 mind? 18 A. I can't speak to what Ethicon's 19 purpose was. 20 Q. Did you ever consider marketing of 21 Ethicon products to other doctors in any of the time 22 that you interacting with Ethicon? Was that ever 23 something that you considered? 24 A. No. 25 MS. KABBASH: Objection.</p>	<p style="text-align: right;">Page 17</p> <p>1 Q. Who is your current sales 2 representative from Ethicon? 3 A. I don't know. I haven't seen a 4 representative from Ethicon in a long time. 5 Q. Really? 6 A. Really. 7 Q. Do you use the TVTTM Retropubic 8 device currently? 9 A. Not currently. 10 Q. When did you stop using the TVTTM 11 Retropubic device? 12 A. I used the last TVTTM Retropubic 13 device, probably, in 2007. Well, that's not true. 14 I had done TVTTM Retropubic over the years, but very 15 rarely. I would say my majority of retropubic 16 devices before 2007. 17 Q. You -- I think I read in your report 18 that you started with the TVT in about 2002? 19 A. Right. 20 Q. And you used it with decreasing 21 frequency up until 2007? 22 A. Yes. 23 Q. And after 2007, you don't use it 24 anymore? 25 A. I use -- I've used it sporadically</p>

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<p style="text-align: right;">Page 18</p> <p>1 over the years. Maybe one or -- a couple a year.  2 But now I do more -- if I'm going to do a  3 retropubic, I do the TVT EXACT®.  4 Q. When is the last time you put a TVT™  5 Retropubic in a woman's body?  6 A. I don't know the exact date. But  7 probably about 2011 or '12, I would say.  8 Q. When you make a recommendation to a  9 patient for various surgical options, you weigh  10 risks and benefits, correct?  11 A. Yes.  12 Q. And when you recommend a mesh device  13 system, you weigh the risks and benefits of that  14 mesh device system as opposed to the other  15 alternatives available, correct?  16 A. Yes.  17 Q. And there came a point, around 2007,  18 where your risk/benefit analysis led you to  19 recommend the TVT EXACT® at that point going forward  20 in virtually every case, as opposed to the TVT™  21 Retropubic where those would be two options,  22 correct?  23 MS. KABBASH: Objection.  24 THE WITNESS: No.  25 BY MR. SLATER:</p>	<p style="text-align: right;">Page 20</p> <p>1 thinner and a little easier for me to use. But the  2 actual device, the TVT, is exactly the same.  3 BY MR. SLATER:  4 Q. Is the mesh load for the TVT™  5 Retropubic the same as for TVT EXACT®®?  6 MS. KABBASH: Objection.  7 THE WITNESS: In my mind, it is, yes.  8 BY MR. SLATER:  9 Q. Well, "in your mind," what does that  10 mean?  11 A. I've seen no difference in clinical  12 outcomes between TVT EXACT®® and TVT™ Retropubic.  13 MR. SLATER: Move to strike.  14 BY MR. SLATER:  15 Q. Is it the same amount of mesh in the  16 TVT™ Retropubic versus the TVT EXACT®®?  17 A. Yes.  18 Q. Exactly the same amount of mesh?  19 A. Yes.  20 Q. It's no shorter?  21 A. No, it's no shorter. We put the same  22 amount of mesh in the patient in the TVT EXACT®® as  23 in the TVT™ Retropubic.  24 Q. And what is the difference between  25 the TVT EXACT®® and the TVT™ Retropubic?</p>
<p style="text-align: right;">Page 19</p> <p>1 Q. Let me ask you this: There came a  2 point when you started to use the TVT EXACT® instead  3 of the TVT™ Retropubic, correct?  4 A. Yes.  5 Q. You did that because you felt there  6 were certain advantages to the EXACT® as compared to  7 the Retropubic, correct?  8 A. Not specifically.  9 Q. So you just randomly chose to use  10 another device that you thought was no better than  11 the one that you stopped using and that you were  12 used to using just because you felt like it or  13 was -- there was no good reason for it?  14 MS. KABBASH: Objection.  15 THE WITNESS: I didn't start using it  16 because I thought it was much better than the TVT™  17 Retropubic. I thought the TVT™ Retropubic was a  18 good device. I just liked the TVT EXACT®® as well.  19 BY MR. SLATER:  20 Q. You liked the TVT EXACT®® better than  21 the TVT™ Retropubic, that's why you switched to the  22 EXACT®, correct?  23 MS. KABBASH: Objection.  24 THE WITNESS: No. I liked the  25 trocars of the TVT EXACT®®; they were a little</p>	<p style="text-align: right;">Page 21</p> <p>1 A. Only, in my mind, is the trocars and  2 the size of the trocars.  3 Q. Are there any other differences  4 between the systems?  5 A. Well, there are mild variations in  6 how you place the sling. But these are not  7 advantages or disadvantages, in my mind. What  8 you're leaving in the patient's body is the same.  9 Q. If it's placed differently, is it  10 tensioned differently?  11 A. No, it's not. It tensioned exactly  12 the same.  13 Q. Does Ethicon market the TVT EXACT®®  14 as having certain advantages over the TVT™  15 Retropubic?  16 A. I don't know.  17 Q. Are there any other mid-urethral  18 slings from Ethicon that you have used in your  19 career?  20 A. Yes.  21 Q. What?  22 A. The TVT Obturator sling.  23 Q. Do you use that currently?  24 A. Yes.  25 Q. If you had to tell me a breakdown</p>



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<p style="text-align: right;">Page 22</p> <p>1 between TVT Obturator and TVT EXACT® in your 2 current practice, how would you break that down? 3 A. I would say the majority of the 4 patients is TVT Obturator. And I would say that 5 that number is close to 90 percent. 6 Q. When did you start using the TVT 7 Obturator? 8 A. I started using it in my fellowship, 9 which was in 2004. 10 Q. Once the TVT Obturator became 11 available to you, did you shift to using that in 12 virtually all cases where you were going to put a 13 mid-urethral sling in as compared to the Retropubic? 14 A. No. 15 Q. In 2004, you said, you started using 16 the TVT Obturator, correct? 17 A. I was trained with TVT Obturator in 18 2004 during my fellowship. 19 Q. And from, say, 2000 -- 2005 -- 20 rephrase. 21 When did your fellowship end? 22 A. 2005. 23 Q. Beginning in 2005 through 2007, when 24 you said you stopped using the Retropubic, what was 25 the breakdown between TVT-O and TVTTM Retropubic?</p>	<p style="text-align: right;">Page 24</p> <p>1 felt like -- I never liked sending my patients home 2 with a catheter for a day or two. So I pretty much 3 switched to TVTTM Obturator. 4 Q. The TVTTM Obturator, you don't 5 operate in the retropubic space, correct? 6 A. Exactly. 7 Q. And you felt that was a safety 8 advantage, correct? 9 A. Yes. 10 Q. So if I understand correctly, 11 beginning in about 2004, 2005, when you were 12 finishing your fellowship up and then going into 13 private practice, you transitioned almost 14 exclusively to the TVTTM Obturator; and then after 15 2007, in the few cases where you would consider the 16 TVTTM Retropubic, or that approach, you switched to 17 the EXACT®? 18 A. My first year out was not in private 19 practice. My first year out, I was at Mt. Sinai 20 Hospital, and I was the director of female urology 21 there. And in that year, I was using -- I was using 22 a great deal of TVTTM Retropubics. 23 Probably, when I transitioned into my 24 private practice, which was 2006, I was starting to 25 become more exclusively a TVTTM Obturator sling --</p>
<p style="text-align: right;">Page 23</p> <p>1 A. I would say that in the beginning, it 2 was more half and half. And then as we got closer 3 to 2007, I had become -- I would say the TVT 4 Obturator was my go-to case. 5 I didn't use it in all cases, but it 6 was my go-to case -- 7 Q. Did you -- 8 A. -- my go-to sling. 9 Q. Sorry. I didn't mean to interrupt 10 you. 11 A. That's okay. 12 Q. Why did you switch to the TVTTM 13 Obturator from the TVTTM Retropubic? 14 A. For me, it just was something that I 15 found was easier to do. And I liked -- when you 16 said that everything is a risk/benefit profile the 17 risks of the TVTTM Obturator, to me, of not having 18 as many bladder injuries during the case were -- 19 were more acceptable. 20 Q. Did you have a lot of bladder 21 injuries with your patients with the TVTTM 22 Retropubic? 23 A. I had some. They were always 24 recognized and the sequelae were -- were never -- 25 there was really no sequelae from those. But I just</p>	<p style="text-align: right;">Page 25</p> <p>1 Q. So in 2006 -- 2 A. -- user. 3 Q. I'm sorry. 4 So in 2006, you transitioned almost 5 entirely to TVTTM Obturator versus a TVTTM Retropubic 6 approach; is that correct? 7 A. Yes. It was around the time when all 8 the studies were coming out that were showing some 9 equivalency between the TVTTM Obturator and the TVTTM 10 Retropubic sling, in terms of the success data. 11 Q. In this case, I've read your reports. 12 It's my understanding that you have 13 certain opinions about the risk/benefit profile of 14 the TVTTM Retropubic, correct? 15 A. Yes. 16 Q. Would you agree with me that for you 17 to offer a valid opinion about the risk/benefit 18 profile for the TVTTM Retropubic, you need to be 19 familiar with each of the risks of that device 20 system? 21 A. Yes, I would agree with that. 22 Q. It's my understanding that you have 23 some opinions about the warnings for the TVTTM 24 Retropubic; is that correct? Or you don't? If you 25 don't --</p>

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<p style="text-align: right;">Page 26</p> <p>1 A. I'm not sure I understand the</p> <p>2 question.</p> <p>3 Q. Do you have opinions about whether</p> <p>4 the warnings -- do you have opinions about whether</p> <p>5 the warnings for the TVTTM Retropubic are adequate</p> <p>6 or not?</p> <p>7 A. Are you talking about the IFU</p> <p>8 warnings?</p> <p>9 Q. Yes.</p> <p>10 A. Do I have opinions about whether</p> <p>11 they're adequate?</p> <p>12 Q. Yes.</p> <p>13 A. My opinion is that they're adequate.</p> <p>14 MR. SLATER: Move to strike.</p> <p>15 BY MR. SLATER:</p> <p>16 Q. My question is this: Are you</p> <p>17 intending to offer opinions in this case about the</p> <p>18 adequacy of the warnings for the TVTTM Retropubic?</p> <p>19 A. Absolutely.</p> <p>20 Q. Have you ever done that in any</p> <p>21 litigation before, given warning opinions?</p> <p>22 A. In any litigation? No.</p> <p>23 Q. When you give your opinions about</p> <p>24 whether or not the warnings for the TVTTM Retropubic</p> <p>25 are adequate, are you applying any published</p>	<p style="text-align: right;">Page 28</p> <p>1 Q. When you offer your opinions as to</p> <p>2 the adequacy of the warnings, are you essentially</p> <p>3 advising us what you believe would be adequate for</p> <p>4 you in your medical practice, with your basic --</p> <p>5 with your level of experience and what you're</p> <p>6 familiar with?</p> <p>7 A. Exactly, yes.</p> <p>8 Q. There was some reference in your</p> <p>9 report to the patient brochure or whether or not a</p> <p>10 patient brochure was shown to Ms. -- Mrs. Corbet,</p> <p>11 right? You talked about that a little?</p> <p>12 A. Yes.</p> <p>13 Q. As you sit here now, am I accurate</p> <p>14 you don't know which patient brochure she actually</p> <p>15 saw?</p> <p>16 A. I can't say exactly. But I know the</p> <p>17 brochure that was out at the time of her -- of her</p> <p>18 care.</p> <p>19 Q. The patient brochure that was out</p> <p>20 during the time that she had her surgery in 2011, do</p> <p>21 you know if that's the patient brochure that she was</p> <p>22 shown during her deposition?</p> <p>23 A. That's the one that she felt was</p> <p>24 familiar to her, in her deposition.</p> <p>25 Q. This is my question -- rephrase.</p>
<p style="text-align: right;">Page 27</p> <p>1 standards for warnings?</p> <p>2 A. I don't understand the question.</p> <p>3 MS. KABBASH: Objection.</p> <p>4 BY MR. SLATER:</p> <p>5 Q. Did you consult any published</p> <p>6 standards for what information is supposed to be</p> <p>7 provided in a medical device warning like for the</p> <p>8 TVTTM Retropubic?</p> <p>9 A. No.</p> <p>10 MS. KABBASH: Objection.</p> <p>11 BY MR. SLATER:</p> <p>12 Q. Did you review testimony by witnesses</p> <p>13 from Ethicon who are responsible for making sure the</p> <p>14 warnings are adequate, to see what standards they</p> <p>15 applied, in their industry, in determining what</p> <p>16 should be warned of? Did you look at those</p> <p>17 standards?</p> <p>18 A. I never looked at any testimony from</p> <p>19 Ethicon, no.</p> <p>20 Q. Did you look at any internal</p> <p>21 documents from Ethicon, where they set out the</p> <p>22 standards or the criteria that they applied in</p> <p>23 determining what information needed to be in a</p> <p>24 warning such as for the TVTTM Retropubic?</p> <p>25 A. I don't believe I have, no.</p>	<p style="text-align: right;">Page 29</p> <p>1 The patient brochure that was shown</p> <p>2 to Mrs. Corbet during her deposition, do you know if</p> <p>3 that's the one that was available during 2011 at the</p> <p>4 time of her surgery?</p> <p>5 A. Yes, it was.</p> <p>6 Q. And did you confirm that yourself?</p> <p>7 A. Yes.</p> <p>8 Q. Did Mrs. Corbet say that is the one</p> <p>9 she saw or did she say that looks familiar to her?</p> <p>10 A. She said that it looked familiar to</p> <p>11 her.</p> <p>12 Q. Have you looked at the patient</p> <p>13 brochures over the years?</p> <p>14 A. Yes, I have.</p> <p>15 Q. To somebody who is not used to</p> <p>16 looking at patient brochures every day, could they</p> <p>17 look similar?</p> <p>18 MS. KABBASH: Objection.</p> <p>19 THE WITNESS: I suppose that they</p> <p>20 could. But I think because that was the patient</p> <p>21 brochure that was out at the time of her care and</p> <p>22 that was the brochure that Kathy Hampton had</p> <p>23 delivered to the offices in that area at that time,</p> <p>24 it's more than likely that that's the brochure that</p> <p>25 she had seen.</p>

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<p style="text-align: right;">Page 30</p> <p>1                   - - -</p> <p>2                   (Whereupon, a discussion off the</p> <p>3 record occurred.)</p> <p>4                   - - -</p> <p>5                   MR. SLATER: Move to strike from</p> <p>6 "but" forward.</p> <p>7 BY MR. SLATER:</p> <p>8           Q.     Dr. Harrell mentioned an InterStim®</p> <p>9 to Mrs. Corbet before he operated on her.</p> <p>10           Is that something you said in your</p> <p>11 report?</p> <p>12           A.     That's something he said in his</p> <p>13 deposition -- I mean, I'm sorry, that was something</p> <p>14 that was in the medical record.</p> <p>15           Q.     Did Dr. Harrell recommend an</p> <p>16 InterStim® to Mrs. Corbet?</p> <p>17           A.     He warned her that that was a</p> <p>18 possibility in her future.</p> <p>19           MR. SLATER: Move to strike.</p> <p>20 BY MR. SLATER:</p> <p>21           Q.     Did Dr. Harrell recommend an</p> <p>22 InterStim® to Mrs. Corbet before he operated on</p> <p>23 her? Did he recommend it to her?</p> <p>24           A.     Not at the time.</p> <p>25           Q.     Did Dr. Harrell ever recommend an</p>	<p style="text-align: right;">Page 32</p> <p>1 clinical study and a clinical trial?</p> <p>2           A.     Well, we've written papers based on</p> <p>3 our -- on our clinical work. You know, I'm a</p> <p>4 director of fellowship, and so there's many papers</p> <p>5 that have come out or abstracts that have come out</p> <p>6 based on our patient population.</p> <p>7           Q.     And what is a clinical trial?</p> <p>8           A.     Well, a clinical trial, to me, is</p> <p>9 something that more involves industry. And I've not</p> <p>10 been involved in those.</p> <p>11           Q.     Are you familiar with the concept of</p> <p>12 financial bias in a clinical trial?</p> <p>13           A.     Yes.</p> <p>14           Q.     You would agree with me that</p> <p>15 financial bias is accepted in the medical field as</p> <p>16 something that can impact on the results in a study,</p> <p>17 correct?</p> <p>18           A.     Except that it's always disclosed.</p> <p>19           Q.     Financial bias is always supposed to</p> <p>20 be disclosed, correct?</p> <p>21           A.     Exactly.</p> <p>22           Q.     If financial bias is not disclosed in</p> <p>23 an article written about a clinical trial, that's a</p> <p>24 bad thing, right?</p> <p>25           MS. KABBASH: Objection.</p>
<p style="text-align: right;">Page 31</p> <p>1 InterStim® to Mrs. Corbet and say, I think you</p> <p>2 should have this put in your body?</p> <p>3           A.     Yes, he did.</p> <p>4           Q.     When was that?</p> <p>5           A.     It was after she had had surgery with</p> <p>6 him.</p> <p>7           Q.     Do you have any knowledge as to the</p> <p>8 agreement between Ethicon and Professor Olmstead and</p> <p>9 his company? Do you know any of the details of that</p> <p>10 interaction?</p> <p>11           A.     I've seen some of the records of that</p> <p>12 interaction.</p> <p>13           Q.     Are they listed in your report?</p> <p>14           A.     Yes -- no, they are listed in my --</p> <p>15 yeah, in my exhibit.</p> <p>16           Q.     Did you discuss that issue at all in</p> <p>17 your report?</p> <p>18           A.     No.</p> <p>19           Q.     Have you been involved in clinical</p> <p>20 studies?</p> <p>21           A.     No. I mean, clinical trials? No.</p> <p>22           Q.     You've never --</p> <p>23           A.     Clinical studies? Yes. But not</p> <p>24 clinical trials.</p> <p>25           Q.     What's your distinction between a</p>	<p style="text-align: right;">Page 33</p> <p>1 BY MR. SLATER:</p> <p>2           Q.     Meaning it's not good; you'd</p> <p>3 rather -- it's supposed to be disclosed, right?</p> <p>4           A.     It's supposed to be disclosed, but it</p> <p>5 doesn't necessarily mean it's a bad thing.</p> <p>6           Q.     Do you think it's a good thing for</p> <p>7 doctors who perform clinical trials to not disclose</p> <p>8 their financial bias?</p> <p>9           A.     We're supposed to disclose our</p> <p>10 financial bias.</p> <p>11           Q.     So it's a bad thing not to disclose</p> <p>12 your financial bias, because people expect you to do</p> <p>13 so, so when they read the results, they'll have that</p> <p>14 information in their mind so they can look at the</p> <p>15 data that you're reporting with that in mind,</p> <p>16 correct?</p> <p>17           A.     I would agree, except I don't always</p> <p>18 think that it affects the results of the data.</p> <p>19           MR. SLATER: Move to strike from</p> <p>20 "except" forward.</p> <p>21 BY MR. SLATER:</p> <p>22           Q.     If the agreement between the person</p> <p>23 running the clinical trial and the company that is</p> <p>24 looking to make money on that device that's being</p> <p>25 studied provides a financial incentive for the</p>

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<p style="text-align: right;">Page 34</p> <p>1 doctor to report less complications than may be  2 observed, that would be a significant bias issue  3 that everybody should know about when reading those  4 articles written about that study, correct?  5 MS. KABBASH: Objection.  6 THE WITNESS: I would have to know  7 more about what you're referring to before I could  8 answer that.  9 BY MR. SLATER:  10 Q. Do you know about anything like that  11 happening with Professor Olmstead and his company?  12 A. I've seen some records, but I can't  13 really take that out of context.  14 Q. Do you have any opinions, as you sit  15 here now, about whether or not there was any --  16 rephrase.  17 Do you feel comfortable that you  18 understand the factual interaction between Ethicon  19 and Professor Olmstead, in terms of what the  20 payments were predicated upon? Do you have an  21 understanding of that?  22 A. I think I do.  23 Q. Do you know that there was a  24 provision that said that a certain payment of  25 \$400,000 wouldn't be made if complications were</p>	<p style="text-align: right;">Page 36</p> <p>1 what Ethicon thinks that agreement between Ethicon  2 and Professor Olmstead and his company means?  3 A. Right, I don't.  4 MS. KABBASH: Objection.  5 THE WITNESS: Because the reason --  6 BY MR. SLATER:  7 Q. I didn't ask you why. I don't care.  8 I just want to know you don't care,  9 right?  10 A. I don't have any --  11 MS. KABBASH: Objection.  12 THE WITNESS: I don't care what  13 Ethicon thinks that that agreement was.  14 BY MR. SLATER:  15 Q. Would it be fair to say that with  16 regard to the risk/benefit profile of the TVT, you  17 don't care what Ethicon thinks about it, you want to  18 draw these opinions 100 percent based on your own  19 knowledge and experience?  20 A. No.  21 MS. KABBASH: Objection.  22 THE WITNESS: It's not just on my own  23 knowledge and experience. It's on the experience of  24 the vast medical literature that's out there. That  25 has nothing to do with Ethicon.</p>
<p style="text-align: right;">Page 35</p> <p>1 reported beyond those that had been reported in a  2 prior article?  3 A. I've seen records of that, but I  4 don't interpret it that way.  5 Q. You don't interpret it that way?  6 A. No.  7 Q. Did you ever ask to see the testimony  8 of the people at Ethicon whose job it is to  9 interpret that type of information?  10 A. No, because I'm not interested in  11 their testimony. I'm interested in my own  12 interpretation --  13 Q. Okay.  14 A. -- of that.  15 Q. With regard to the agreement between  16 Ethicon and Professor Olmstead and his company, you  17 have no interest in knowing Ethicon's interpretation  18 of that agreement, correct?  19 A. You're asking me whether I had an  20 interpretation about what that was. And if you'd  21 like to ask my opinion, I'm glad to give it to you.  22 Q. But I went beyond that. And now  23 we're talking about Ethicon's knowledge about it.  24 And you told me -- so I want to ask it very clean.  25 You have no interest in understanding</p>	<p style="text-align: right;">Page 37</p> <p>1 BY MR. SLATER:  2 Q. Well, this is the question: In  3 drawing your opinions regarding the risk/benefit  4 profile for the PROLIFT® -- I called it the  5 PROLIFT®.  6 MS. KABBASH: You're in PROLIFT®  7 mode.  8 BY MR. SLATER:  9 Q. In drawing your opinions with regard  10 to the risks and benefits of the TVTMM Retropubic,  11 you did not base that upon what Ethicon has said,  12 what Ethicon witnesses have said, or Ethicon  13 internal documents?  14 A. Right.  15 Q. Is that fair?  16 A. That's fair.  17 Q. Okay. Your opinions about the risks  18 and benefits of the TVTMM Retropubic are based on  19 your personal experience and your review of the  20 literature, correct?  21 A. Exactly. My training.  22 Q. If Ethicon internally -- well,  23 rephrase.  24 Do you think that Ethicon has access  25 to more information about the potential</p>

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<p style="text-align: right;">Page 38</p> <p>1 complications with the TVTTM Retropubic than you 2 would have, since they sell the product and interact 3 with doctors around the world about it? 4 A. No, I don't think that Ethicon 5 internally has that information. 6 Q. Okay. If there are risks or adverse 7 reactions relating to the TVTTM Retropubic that 8 you're not familiar with but that Ethicon agrees 9 exist, that could have an impact on your overall 10 opinion if you were to be shown severe risks, for 11 example, you didn't know about, right? 12 MS. KABBASH: Objection. 13 THE WITNESS: I have a hard time 14 believing that there are severe risks that I don't 15 know about, since I've done 1,500 or more of these 16 slings -- 17 BY MR. SLATER: 18 Q. Well, you haven't done -- 19 A. -- in my career. 20 Q. -- 1,500 or more TVTTM Retropubics, 21 have you? 22 A. I haven't 1,500, but I've probably 23 done about 400. I think that that's enough to know 24 the risks of the procedure. 25 Q. Your patients don't always return to</p>	<p style="text-align: right;">Page 40</p> <p>1 BY MR. SLATER: 2 Q. So we're going back-and-forth in a 3 tennis game. 4 Now it's you know everybody? You 5 know every complication you've had with a patient? 6 MS. KABBASH: Objection. 7 THE WITNESS: I'm not saying I know 8 every complication. 9 MS. KABBASH: Mischaracterizes. 10 THE WITNESS: I'm saying I know the 11 majority of the people who have had complications, 12 because they come back. 13 BY MR. SLATER: 14 Q. Have you ever -- do you have a 15 registry for all your patients that you've ever put 16 a TVT into? 17 A. No. I have an electronic health 18 record. I don't -- I don't keep registries on my 19 patients. 20 Q. An electronic health record, that's 21 not what I was asking, was it? 22 A. No. 23 Q. It has nothing to do with a registry, 24 right? 25 A. Right. I don't have a registry.</p>
<p style="text-align: right;">Page 39</p> <p>1 you when they've had complications, do they? 2 A. I would say that they probably do. 3 Q. You think every single patient you've 4 ever had that had a complication came back to you 5 for treatment of that complication? 6 A. Not every single, but the majority of 7 patients, yes. 8 Q. You have no idea how many of your 9 patients have had complications and left you and not 10 come back? You don't know, right? 11 A. I'm sure there are some that haven't. 12 But I think the majority of my patients, I'm aware 13 when they have a complication. 14 MR. SLATER: Move to strike from 15 "but" forward. 16 BY MR. SLATER: 17 Q. You have no way of knowing how many 18 of your patients have had complications from your 19 insertion of a TVT device and not returned to you 20 for that treatment? You just have no way of knowing 21 that, correct? 22 MS. KABBASH: Objection. 23 THE WITNESS: I think I do know when 24 people have complications from my slings that I've 25 put in.</p>	<p style="text-align: right;">Page 41</p> <p>1 Q. This is a very simple question. You 2 have no way of knowing how many of your patients 3 have had mesh-related complications from a TVTTM 4 Retropubic and not returned to you for care? You 5 don't know that, right? 6 A. I can't give you an exact number. 7 Q. You couldn't give me an estimate, 8 because you don't know, right? 9 MS. KABBASH: Objection. 10 THE WITNESS: I would say that I can 11 give an estimate, because most of my patients return 12 to me in follow-up. And when they're having a 13 problem, they will tell me. 14 BY MR. SLATER: 15 Q. Have you ever done a study of your 16 patient population to determine how many didn't tell 17 you when they began to have mesh-related 18 complications from a TVTTM Retropubic and went for 19 care elsewhere? Have you ever studied that 20 question? 21 A. No. However, I work in a very small 22 community, and we do see our patients back. And if 23 we don't, we're usually told where they've gone. 24 MR. SLATER: Move to strike from 25 "however" forward.</p>

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<p style="text-align: right;">Page 42</p> <p>1 BY MR. SLATER:</p> <p>2 Q. Are you aware that in the medical</p> <p>3 literature, it's been recognized that patients who</p> <p>4 have mesh-related complications will often go to</p> <p>5 other doctors without informing the implanter and</p> <p>6 the implanter won't know about it?</p> <p>7 A. My review of the medical literature</p> <p>8 shows the majority of patients do go back to their</p> <p>9 implanting doctor.</p> <p>10 Q. Which study is that?</p> <p>11 A. In the Welk study it showed that --</p> <p>12 Q. Welk, W-E-L-K?</p> <p>13 A. Uh-huh. Yes.</p> <p>14 Q. Right. Said what?</p> <p>15 A. That --</p> <p>16 MS. KABBASH: What was the question?</p> <p>17 MR. SLATER: She knows what the</p> <p>18 question is.</p> <p>19 BY MR. SLATER:</p> <p>20 Q. Go ahead.</p> <p>21 MS. KABBASH: Do you?</p> <p>22 THE WITNESS: That the majority of</p> <p>23 patients went back to their original doctor.</p> <p>24 BY MR. SLATER:</p> <p>25 Q. In the Welk study?</p>	<p style="text-align: right;">Page 44</p> <p>1 Canada than the U.S., right?</p> <p>2 A. Yes.</p> <p>3 Q. Are you familiar with any articles in</p> <p>4 the peer-reviewed literature that do state that</p> <p>5 patients will often not return to the implanting</p> <p>6 physician when they have mesh-related complications</p> <p>7 and the implanter will not know about it? Have you</p> <p>8 use seen that discussed in the literature?</p> <p>9 A. I have seen a place that it was</p> <p>10 discussed in the literature, yes.</p> <p>11 Q. Where was that?</p> <p>12 A. In the Abbott article.</p> <p>13 Q. That's the only article you're</p> <p>14 familiar with that talks about that?</p> <p>15 A. That's the one that comes to mind</p> <p>16 right now.</p> <p>17 Q. How many of your patients --</p> <p>18 rephrase.</p> <p>19 Let's try to get some numbers.</p> <p>20 A. Sure.</p> <p>21 Q. How many -- you tell me, would it</p> <p>22 make sense to talk about your fellowship, too, when</p> <p>23 you're placing -- if we want to get your statistics,</p> <p>24 I guess it would, right?</p> <p>25 A. If you'd like.</p>
<p style="text-align: right;">Page 43</p> <p>1 A. Yes.</p> <p>2 Q. What time period were patients being</p> <p>3 studied for in that study?</p> <p>4 A. I can look at it, and I'll tell you</p> <p>5 exactly.</p> <p>6 Q. It doesn't matter, if you don't</p> <p>7 remember. I just want to see.</p> <p>8 How many patients were studied?</p> <p>9 A. About 60,000 patients.</p> <p>10 Q. What were they looking at?</p> <p>11 A. They were looking at complications</p> <p>12 from sling procedures.</p> <p>13 Q. Where were they collecting these</p> <p>14 60,000 patients from?</p> <p>15 A. From the registry, Canadian registry.</p> <p>16 Q. Okay. That's Canada, right?</p> <p>17 A. Yes.</p> <p>18 Q. Is Canada a different health system</p> <p>19 than we have in the U.S.?</p> <p>20 A. As far as I know, yes.</p> <p>21 Q. It's a socialized system, right?</p> <p>22 A. Yes.</p> <p>23 Q. A lot less doctors, right?</p> <p>24 A. Yeah, that's true.</p> <p>25 Q. A lot less options for treatment in</p>	<p style="text-align: right;">Page 45</p> <p>1 Q. Let's do this. Let's talk about the</p> <p>2 fellowship first.</p> <p>3 A. Okay.</p> <p>4 Q. In your fellowship, how many</p> <p>5 mid-urethral synthetic slings would you estimate you</p> <p>6 placed?</p> <p>7 A. I probably did between three and five</p> <p>8 per week. And that was over a year. We didn't just</p> <p>9 do mid-urethral slings that year, I mean, we were</p> <p>10 doing other slings, too, pubovaginal --</p> <p>11 Q. I didn't ask you about other slings.</p> <p>12 A. I'm -- you're asking me to calculate.</p> <p>13 Let me calculate, counselor.</p> <p>14 I would say about 150.</p> <p>15 Q. Of the 150 mid-urethral slings that</p> <p>16 you estimate you placed during -- this is one year</p> <p>17 in your fellowship?</p> <p>18 A. In my fellowship, yes.</p> <p>19 Q. -- how many would you say were TVT/M</p> <p>20 Retropubic?</p> <p>21 A. The majority. I can't give you an</p> <p>22 exact number.</p> <p>23 Q. I'm not asking for an exact number.</p> <p>24 When you say "majority" are we</p> <p>25 talking --</p>



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<p style="text-align: right;">Page 46</p> <p>1 A. 80 percent.</p> <p>2 Q. Okay. Fine. And the other 20</p> <p>3 percent would be what mid-urethral slings?</p> <p>4 A. TVTTM Obturator slings were the only</p> <p>5 other synthetic slings we were doing at the time.</p> <p>6 Q. Of the patients that you placed TVTTM</p> <p>7 Retropubic during your fellowship -- first of all,</p> <p>8 how long did you personally follow those patients?</p> <p>9 A. In fellowship? Not long. I was only</p> <p>10 there for a year.</p> <p>11 Q. Do you know anything about their</p> <p>12 complications or course after you left the</p> <p>13 fellowship?</p> <p>14 A. No.</p> <p>15 Q. After your fellowship, how many --</p> <p>16 rephrase.</p> <p>17 After your fellowship, right up until</p> <p>18 now, how many mid-urethral slings would you say</p> <p>19 you've placed, synthetic mid-urethral slings?</p> <p>20 A. Probably a couple hundred.</p> <p>21 MS. KABBASH: You mean retropubic</p> <p>22 specifically or all mid-urethral slings?</p> <p>23 MR. SLATER: I'm talking all</p> <p>24 mid-urethral slings.</p> <p>25 THE WITNESS: Oh.</p>	<p style="text-align: right;">Page 48</p> <p>1 fine.</p> <p>2 BY MR. SLATER:</p> <p>3 Q. The approximate 200 TVTTM Retropubics</p> <p>4 would have been placed between 2005 and 2007?</p> <p>5 A. Exactly.</p> <p>6 Q. The balance of the mid-urethral</p> <p>7 slings you've placed would be primarily TVTTM</p> <p>8 Obturator, correct?</p> <p>9 A. Yes, after that, it was mostly TVTTM</p> <p>10 Obturator --</p> <p>11 Q. And maybe --</p> <p>12 A. -- with some sporadic TVTTM</p> <p>13 Retropubic or EXACT® in there.</p> <p>14 Q. When you say "sporadic," you're</p> <p>15 talking about maybe a few a year?</p> <p>16 A. Exactly. Except in the last year,</p> <p>17 I've been doing more EXACTs than in the previous</p> <p>18 years.</p> <p>19 Q. Have you used mid-urethral slings</p> <p>20 manufactured by someone other than Ethicon?</p> <p>21 A. I have. But it was for a very short</p> <p>22 period of time.</p> <p>23 Q. Which device?</p> <p>24 A. It was a device by a company called</p> <p>25 GMD, General Medical Devices. I don't think they</p>
<p style="text-align: right;">Page 47</p> <p>1 MS. KABBASH: All mid-urethral</p> <p>2 slings.</p> <p>3 THE WITNESS: I'm so sorry. I</p> <p>4 misunderstood the question.</p> <p>5 MR. SLATER: I'll ask it again.</p> <p>6 THE WITNESS: Yes, please.</p> <p>7 BY MR. SLATER:</p> <p>8 Q. Since your fellowship, which you</p> <p>9 completed in 2005, right?</p> <p>10 A. Yes.</p> <p>11 Q. How many synthetic mid-urethral</p> <p>12 slings would you estimate you've placed from 2005</p> <p>13 until now when we're in late 2015?</p> <p>14 A. Over 1,500.</p> <p>15 Q. Of the over 1,500 mid-urethral slings</p> <p>16 that you've placed since 2005, can you estimate how</p> <p>17 many are TVTTM Retropubic?</p> <p>18 A. A couple of hundred.</p> <p>19 Q. "A couple hundred" means about 200?</p> <p>20 A. About 200.</p> <p>21 Q. The balance would be?</p> <p>22 A. Towards the beginning of that time</p> <p>23 period.</p> <p>24 MS. KABBASH: Do you need some water?</p> <p>25 THE WITNESS: No, it's okay. I'm</p>	<p style="text-align: right;">Page 49</p> <p>1 exist anymore. I'm not sure. And I was probably --</p> <p>2 Q. Lucky them.</p> <p>3 A. -- using their sling for about a, you</p> <p>4 know, a month or two. I was trialing it.</p> <p>5 Q. Did you ever try the AMS slings, the</p> <p>6 Arc slings, any of that?</p> <p>7 A. I've never tried any of those slings.</p> <p>8 Q. How come?</p> <p>9 A. Because I liked the results I was</p> <p>10 getting with TVT and Obturator -- Retropubic and</p> <p>11 Obturator. I'm afraid to switch.</p> <p>12 Q. Now, speaking about your fellowship,</p> <p>13 the TVTTM Retropubics that you placed, those</p> <p>14 patients you saw for no more than a year, most of</p> <p>15 them it would be less than a year as you went</p> <p>16 forward toward the end, right?</p> <p>17 A. Right. Following them for a year.</p> <p>18 Q. So you don't know their outcomes?</p> <p>19 A. Not their long-term outcomes.</p> <p>20 Q. Well, "long-term" is how long?</p> <p>21 A. More than a year in this case.</p> <p>22 Q. Well, when you define long-term in</p> <p>23 evaluating the medical literature, is that more than</p> <p>24 one year?</p> <p>25 A. Well, I would probably say it's more</p>

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<p style="text-align: right;">Page 50</p> <p>1 about five years is long-term literature.  2 Q. For the TVTMM Retropubics you placed  3 between 2005 and 2007, how many of those patients  4 returned to you with mesh erosions or mesh  5 exposures?  6 A. In that time period, I probably had  7 more mesh exposures than I have now.  8 Q. I --  9 A. But I can't give you an exact number.  10 It was something that I saw probably about 5 to 10  11 percent of the time. When I was first doing slings,  12 I definitely had more mesh exposures.  13 Q. And that was with the TVTMM  14 Retropubic?  15 A. Or TVTMM Obturator.  16 Q. So if I understand, during the period  17 of 2005 to 2007, when you were performing TVT  18 Retropubic, you estimate, based on your  19 recollection, that you had about a 5 to 10 percent  20 mesh exposure/erosion rate, correct?  21 A. In -- yes, in those years, I did.  22 And then later on, it became extremely rare.  23 MR. SLATER: Move to strike from  24 "and" forward.  25 BY MR. SLATER:</p>	<p style="text-align: right;">Page 52</p> <p>1 Q. When did you transition to robotic  2 Burches from laparoscopic?  3 A. I never did laparoscopic.  4 Q. You never did. You meant from went  5 from open to robotic?  6 A. I never did open.  7 Q. When were you trained on robotic  8 Burch procedures?  9 A. I was never formally trained on  10 robotic Burch procedures. I was trained on open  11 Burch procedures during my fellowship. And when I  12 started doing robotic sacrocolpopexy, I began doing  13 some robotics Burches at that time.  14 Q. Do you perform Burch procedures where  15 you're not doing them in conjunction with an  16 abdominal sacrocolpopexy for prolapse?  17 A. Never.  18 Q. With Mrs. Corbet, for example, with  19 her condition, would one of her options have been  20 abdominal sacrocolpopexy with a Burch?  21 A. It would have been an option.  22 Patients always have options.  23 Q. Ultimately, the choice for what  24 procedure would be performed on Mrs. Corbet was Mrs.  25 Corbet's decision, correct?</p>
<p style="text-align: right;">Page 51</p> <p>1 Q. With regard to the two -- well,  2 withdrawn.  3 - - -  4 (Whereupon, a discussion off the  5 record occurred.)  6 - - -  7 BY MR. SLATER:  8 Q. With regard to Mrs. Corbet, there  9 were -- well, let me take a step back, actually. I  10 did forget to ask you about something.  11 When you treat stress urinary  12 incontinence, you don't only use mid-urethral  13 slings, correct?  14 A. That's correct.  15 Q. Currently, and over the years, you've  16 used various procedures to treat that condition,  17 right?  18 A. I have.  19 Q. In addition to mid-urethral slings,  20 what are the other procedures that you have utilized  21 in your practice to treat stress urinary  22 incontinence?  23 A. I've used autologous fascial slings.  24 I've used bulking agents. And I also do robotic  25 Burches.</p>	<p style="text-align: right;">Page 53</p> <p>1 A. Her decision that she made with Dr.  2 Harrell, yes. But it was her decision.  3 Q. The patient, Mrs. Corbet, in this  4 case, has the ultimate say-so on whether or not, for  5 example, a mesh device is put in her body, correct?  6 A. Yes. But she's counseled by her  7 doctor. Patients don't understand mesh --  8 MR. SLATER: Move to strike.  9 THE WITNESS: -- until their doctor  10 counsel's them.  11 MR. SLATER: Move to strike from  12 "but" forward.  13 BY MR. SLATER:  14 Q. I would contend that many doctors  15 don't understand mesh. So I don't know why you keep  16 throwing in the thing about the doctors.  17 I didn't ask you about that, did I?  18 A. I guess you didn't.  19 Q. Okay. I'll try it again.  20 Ultimately, for Mrs. Corbet, the  21 decision as to whether or not she would place mesh  22 in her body was her decision, correct?  23 A. It's always the patient's decision,  24 yes, ultimately.  25 Q. Mrs. Corbet would hear the</p>

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<p style="text-align: right;">Page 54</p> <p>1 recommendations, and heard the recommendations and  2 information she got from Dr. Harrell, and then made  3 a decision based on what he told her, correct?  4 A. Yes. And also, but she might have  5 seen a patient brochure and some other things out in  6 the community, some people talk to their friends,  7 they talk to their siblings, their family. It's not  8 just from the doctor that they get information from.  9 MR. SLATER: Move to strike after  10 "yes."  11 BY MR. SLATER:  12 Q. Is there any evidence you've seen  13 that Mrs. Corbet was talking to friends and family  14 and people on the street about what surgery to have?  15 A. Not Mrs. Corbet specifically. But  16 you asked me where do patients get information from,  17 and I'm telling you.  18 Q. I asked about Mrs. Corbet. So I'm  19 asking about Mrs. Corbet.  20 Did you see any evidence in the  21 record, any reference to her speaking to people  22 beyond Dr. Harrell to get information that she would  23 rely on?  24 A. Only from the patient brochure that  25 she might rely on.</p>	<p style="text-align: right;">Page 56</p> <p>1 incontinence?  2 A. Yes.  3 Q. From your perspective, they're all  4 acceptable options to treat stress incontinence,  5 correct?  6 A. Acceptable, but not first-line,  7 usually. But options, yes.  8 Q. They're -- rephrase.  9 I think I saw something in your  10 report about gold standards and standards of care  11 and all that kind of stuff I tend to see in these  12 expert reports.  13 So I want to talk to you about that  14 for a minute.  15 A. Sure.  16 Q. First of all, the gold standard is  17 not a medical term, right?  18 A. No, not a medical term.  19 Q. Do you know what the gold standard  20 actually was back in history?  21 A. It had to do with gold.  22 Q. Right. Where gold was the valuation  23 basis for our entire financial economy.  24 A. Financial economy, yes.  25 Q. The gold standard no longer exists in</p>
<p style="text-align: right;">Page 55</p> <p>1 Q. Mrs. Corbet testified that she  2 glanced at a brochure around the time of the  3 surgery, correct?  4 A. Yes.  5 Q. She didn't say she read through it  6 carefully, did she?  7 A. I can't speak to how -- how much she  8 read it. I know that it was available to her and  9 that she could understand information from there if  10 she chose to.  11 Q. There's no record indicating that she  12 actually read the patient brochure cover to cover?  13 That's not established, is it?  14 A. It's established that she found that  15 brochure familiar only.  16 Q. Other -- rephrase.  17 You told me that in addition to  18 mid-urethral slings, you utilize, autologous fascial  19 slings, bulking agents and robotic Burch to treat  20 stress incontinence.  21 Anything else?  22 A. Not that I can think.  23 Q. In your current practice, do you use  24 autologous fascial slings, bulking agents, and  25 robotic Burch procedures to treat stress</p>	<p style="text-align: right;">Page 57</p> <p>1 this country, does it?  2 A. I don't think so, no, not in terms of  3 that.  4 MS. KABBASH: Objection.  5 BY MR. SLATER:  6 Q. Have there been gold standard medical  7 procedures that are no longer performed?  8 A. Yes.  9 Q. Asbestos --  10 A. I'll give you an example.  11 Q. Sure.  12 A. The Burch colposuspension used to be  13 the gold standard procedure for stress urinary  14 incontinence that we compared all stress  15 incontinence procedures to. Now it's no longer  16 that.  17 Q. Well, I didn't ask you that.  18 MR. SLATER: So move to strike.  19 BY MR. SLATER:  20 Q. I asked you if there were gold  21 standard medical procedures that are no longer  22 performed?  23 A. I'm sure. Because technology is  24 always changing and improving, and we find better  25 ways of treating things. Sometimes we're minimally</p>

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<p style="text-align: right;">Page 58</p> <p>1 invasive, less complications and those become the 2 gold standard. 3 Q. Okay. Sometimes there are medical 4 procedures that are touted as a gold standard and it 5 turns out that the complications that they're 6 causing are much higher than what people thought or 7 more severe than people thought, and that changes 8 people's perception over time. 9 That's happened, correct? 10 A. Yes. That's why we have medical 11 literature out there. Level 1 evidence that tells 12 us what the gold standard is at the time. 13 Q. Are you familiar with things in our 14 economy, our commercial economy, that have been 15 called gold standards for things -- like asbestos 16 was a gold standard for insulation? 17 A. This is not my area. 18 Q. You wouldn't want asbestos in your 19 house, would you? 20 A. No. I would probably have it 21 removed. 22 MS. KABBASH: Objection. 23 THE WITNESS: But this is not my 24 area, and I can't really speak about this kind of 25 thing.</p>	<p style="text-align: right;">Page 60</p> <p>1 A. I'll try. 2 Q. You understand -- I think you used 3 the term standard of care in your report, right? 4 A. Okay. 5 Q. Is this your first deposition? 6 A. Yes. 7 Q. Okay. Have you ever been an expert 8 in any other case before? 9 A. Yes. 10 Q. What type of case? 11 A. A malpractice case. 12 Q. Were you plaintiff or defense expert? 13 A. Defense. 14 Q. One case? 15 A. Two. 16 Q. Those were in New York? 17 A. Uh-huh. 18 Q. Where you don't get deposed? 19 A. Right. 20 Q. You actually didn't write a report? 21 A. We don't have to write reports. 22 Q. You make disclosures and show up and 23 they hand in the C.V., and everyone tries to figure 24 out who you are real quick? 25 A. Right.</p>
<p style="text-align: right;">Page 59</p> <p>1 BY MR. SLATER: 2 Q. Do you know where the term gold 3 standard came from in the medical community? Do you 4 know how the genesis of that was? 5 A. I think you're going to tell me. 6 Q. I'm asking you. Do you know? 7 A. No, I don't. 8 Q. Do you know whether there were 9 doctors being paid by industry who helped to start 10 that rumor that it was the gold standard? 11 MS. KABBASH: Objection. 12 THE WITNESS: I'm not aware of that, 13 no. 14 BY MR. SLATER: 15 Q. Okay. The mid-urethral sling is not 16 the standard of care treatment for stress 17 incontinence; it is a permissible treatment within 18 the standard of care, correct? 19 MS. KABBASH: Objection. 20 THE WITNESS: I think there's 21 multiple, multiple articles and literature out there 22 now that support it as the gold standard. 23 BY MR. SLATER: 24 Q. I didn't ask you about the gold 25 standard. Stick with me.</p>	<p style="text-align: right;">Page 61</p> <p>1 Q. Did you testify in court? 2 A. Yes. 3 Q. Twice? 4 A. Yes. 5 Q. How did you do? 6 A. We won. 7 Q. So you understand -- rephrase. 8 So you understand what standard of 9 care means, right? 10 A. Yes, I do. 11 Q. The mid-urethral sling is an 12 acceptable treatment within the standard of care for 13 the treatment of stress urinary incontinence, 14 correct? 15 A. Yes, it is. 16 Q. There are other acceptable treatments 17 for stress incontinence that are within the standard 18 of care as well? 19 A. Of course. 20 Q. Autologous fascial slings is one, 21 correct? 22 A. Absolutely. 23 Q. Bulking agents is one, correct? 24 A. Yes. 25 Q. A Burch procedure is one, correct?</p>

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<p style="text-align: right;">Page 62</p> <p>1 A. Yes.</p> <p>2 Q. Behavior modification is one?</p> <p>3 A. Yes.</p> <p>4 Q. For some women, that can be very</p> <p>5 helpful, right?</p> <p>6 A. It can.</p> <p>7 Q. There is nobody and certain --</p> <p>8 rephrase.</p> <p>9 You certainly would not be giving the</p> <p>10 opinion that the only treatment acceptable within</p> <p>11 the standard of care for stress incontinence is the</p> <p>12 mid-urethral sling; that's not your opinion, is it?</p> <p>13 A. It's not. I told you I do other</p> <p>14 slings, and I do other -- other procedures for</p> <p>15 stress incontinence.</p> <p>16 Q. Autologous fascial sling would have</p> <p>17 been an acceptable treatment for Mrs. Corbet,</p> <p>18 correct?</p> <p>19 A. Possibly. I don't know if Dr.</p> <p>20 Harrell does autologous fascial slings.</p> <p>21 Q. Was Mrs. Corbet limited to only Dr.</p> <p>22 Harrell, or could she have gone to somebody else to</p> <p>23 have her treatment?</p> <p>24 A. That would have been her prerogative.</p> <p>25 Q. So if Dr. Harrell had -- rephrase.</p>	<p style="text-align: right;">Page 64</p> <p>1 in the guidelines, the ACOG guidelines.</p> <p>2 Q. So an open Burch would have been</p> <p>3 acceptable, not a robotic Burch?</p> <p>4 MS. KABBASH: Objection.</p> <p>5 BY MR. SLATER:</p> <p>6 Q. Let me rephrase.</p> <p>7 An open Burch procedure would have</p> <p>8 been an acceptable treatment for Mrs. Corbet's</p> <p>9 stress incontinence, correct?</p> <p>10 A. Yes. Much more invasive, but</p> <p>11 acceptable.</p> <p>12 MR. SLATER: Move to strike after</p> <p>13 "yes."</p> <p>14 BY MR. SLATER:</p> <p>15 Q. In the medical community today, there</p> <p>16 are doctors performing open Burch procedures,</p> <p>17 correct?</p> <p>18 A. I'm sure, yes. Not many, though. I</p> <p>19 don't know any, actually.</p> <p>20 MR. SLATER: I move to strike from</p> <p>21 "not many" forward.</p> <p>22 BY MR. SLATER:</p> <p>23 Q. Have you done a study, a scientific</p> <p>24 study or analysis, to determine how many physicians</p> <p>25 are performing open Burch procedures currently?</p>
<p style="text-align: right;">Page 63</p> <p>1 If Dr. Harrell had told Mrs. Corbet</p> <p>2 information and she had any concerns about the TVTMM</p> <p>3 Retropubic, based on what she heard, she could have</p> <p>4 asked him about other options, and if he said I</p> <p>5 don't do those, she could have gone and seen a</p> <p>6 different doctor and gone a different way, right?</p> <p>7 A. I suppose she could have.</p> <p>8 Q. That happens in medicine, right?</p> <p>9 A. It does.</p> <p>10 Q. Burch would have been an acceptable</p> <p>11 treatment for the stress urinary incontinence of</p> <p>12 Mrs. Corbet, correct?</p> <p>13 A. It would have been acceptable; much</p> <p>14 more invasive, but it would have been acceptable.</p> <p>15 MR. SLATER: Move to strike after</p> <p>16 "much more invasive."</p> <p>17 BY MR. SLATER:</p> <p>18 Q. Would robotic Burch that you perform</p> <p>19 have been an acceptable treatment for Mrs. Corbet's</p> <p>20 stress incontinence?</p> <p>21 A. I would never have done a robotic</p> <p>22 Burch on Mrs. Corbet unless she was getting a</p> <p>23 sacrocolpopexy at the same time.</p> <p>24 Q. That's your practice, correct?</p> <p>25 A. That's the practice. And that's also</p>	<p style="text-align: right;">Page 65</p> <p>1 A. No. But I just don't -- I mean,</p> <p>2 speaking to my colleagues, I can't tell you the last</p> <p>3 time I heard somebody say they did an open Burch on</p> <p>4 somebody. It's just not really done so much</p> <p>5 anymore.</p> <p>6 MR. SLATER: Move to strike from</p> <p>7 "but" forward.</p> <p>8 BY MR. SLATER:</p> <p>9 Q. Before Mrs. Corbet's surgery, was she</p> <p>10 taking any medication for her urge incontinence that</p> <p>11 you have opined she had?</p> <p>12 A. No, she wasn't. Not that anyone</p> <p>13 prescribed for her that I saw.</p> <p>14 Q. You saw no reference in any record</p> <p>15 that Mrs. Corbet had been recommended medication to</p> <p>16 treat urge incontinence before her 2011 surgery,</p> <p>17 correct?</p> <p>18 A. No, I didn't see that in the record.</p> <p>19 Q. After the procedure that Dr. Harrell</p> <p>20 performed, ultimately, medications were prescribed</p> <p>21 and Mrs. Corbet was taking medication to try to</p> <p>22 treat her urge incontinence, correct?</p> <p>23 A. Yes. But that doesn't mean that she</p> <p>24 couldn't have been prescribed medications before her</p> <p>25 surgery. That was just not what the doctor chose to</p>

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<p style="text-align: right;">Page 66</p> <p>1 do. She had urgency before her surgery.  2 MR. SLATER: Move to strike from  3 "but" forward.  4 BY MR. SLATER:  5 Q. After the TVTMM Retropubic procedure,  6 Mrs. Corbet began to take medication for urge  7 incontinence, correct?  8 A. Yes.  9 Q. Despite that, her urge incontinence  10 persisted and actually worsened, correct?  11 A. No, that's not true. She did get --  12 she did get better with medications.  13 Q. Let me ask it this way: Mrs. Corbet  14 seemed to have some improvement from the medication  15 in the short-term, correct?  16 A. Yes, she did have some improvement.  17 Q. Over the long term, that was not  18 sustained, right?  19 A. But that's often the way it is with  20 urgency.  21 Q. Despite being on medication, Mrs.  22 Corbet continued to have urge incontinence, it just  23 seemed to be somewhat improved for a period of time,  24 correct?  25 A. Yes.</p>	<p style="text-align: right;">Page 68</p> <p>1 as to where it was? You don't have information to  2 say exactly where it was?  3 A. But you didn't ask me that. You just  4 asked said, are the incisions healing well. So I'm  5 saying there was a granulating area.  6 Q. I understand. I'm asking about the  7 granulation tissue, because I know there was a  8 reference to it.  9 A. Right.  10 Q. We don't have information as to where  11 with it specifically was, correct?  12 A. Exactly. Right.  13 Q. It could have been adjacent to the  14 incision? It could have been away from the  15 incision, correct?  16 A. Exactly. Well, there were several  17 incisions, so I'm not sure which incision you're  18 talking about.  19 Q. The TVT incision.  20 A. Okay.  21 Q. You said something in your report  22 about -- actually, I'll withdraw that. I don't that  23 need that for today.  24 The granulation tissue that Dr.  25 Harrell observed, that was possibly due to the TVT</p>
<p style="text-align: right;">Page 67</p> <p>1 Q. After Mrs. Corbet's surgery, her  2 incision healed well, correct? Let me -- let me be  3 specific.  4 After the procedure performed by Dr.  5 Harrell, he noted in the records, over time, that  6 her incision healed well, correct?  7 A. Yes.  8 Q. She seemed to heal well in general,  9 correct?  10 A. I'm trying to figure out --  11 MS. KABBASH: Objection.  12 THE WITNESS: -- how to answer that.  13 BY MR. SLATER:  14 Q. I'm talking about the incisions.  15 The incisions appeared to heal well,  16 correct?  17 A. Yes. There's one part in the record  18 where he talks about a little area that's  19 granulating. But other than that, he doesn't make  20 any comment about the incisions not healing well.  21 Q. Let me ask you this: The granulation  22 tissue that Dr. Harrell noted, he never provided a  23 specific location for that, did he?  24 A. No, he did not.  25 Q. So you're not drawing an assumption</p>	<p style="text-align: right;">Page 69</p> <p>1 mesh, possibly not; you don't know, correct?  2 A. Right.  3 Q. I saw a note in February of 2012, and  4 you referred to it in your report, where on February  5 19th, 2012, Dr. Harrell's exam showed a normal  6 vaginal mucosa.  7 Do you recall that?  8 A. I don't recall it. I can look at it  9 if I --  10 Q. If you want to look at your report,  11 you can.  12 Why don't we do this, why don't we --  13 you know, I'm going to hold off on that. We'll come  14 back to that. Let me mark some more documents and  15 identify some documents, and we'll come back to  16 talking about the case.  17 - - -  18 (Whereupon, Exhibit Fleischmann-2,  19 6/26/14 Letter and Invoices, was marked for  20 identification.)  21 - - -  22 BY MR. SLATER:  23 Q. Exhibit-2 in front of you is a June  24 26th, 2014, letter and, it looks like, some  25 invoices.</p>



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<p style="text-align: right;">Page 70</p> <p>1 What is -- what is this exhibit?</p> <p>2 A. These are my invoices regarding my</p> <p>3 services.</p> <p>4 Q. What's the total you've been paid in</p> <p>5 this case up until now?</p> <p>6 A. You know, I have that in my notes,</p> <p>7 because I added it up. So let me just --</p> <p>8 MS. KABBASH: You can reference them.</p> <p>9 THE WITNESS: Thank you.</p> <p>10 MS. KABBASH: You're speaking about</p> <p>11 Corbet, Adam?</p> <p>12 MR. SLATER: Corbet.</p> <p>13 THE WITNESS: Corbet? It's hard to</p> <p>14 say exactly Corbet.</p> <p>15 BY MR. SLATER:</p> <p>16 Q. Well, Corbet and the general reports,</p> <p>17 since you're putting your general report into the</p> <p>18 Corbet case?</p> <p>19 A. Right.</p> <p>20 Q. So it's the work you've done related</p> <p>21 to the reports and opinions that you're going to</p> <p>22 offer in the Corbet case?</p> <p>23 A. It's about \$58,000.</p> <p>24 Q. Just so you know, I'm looking at</p> <p>25 these invoices now.</p>	<p style="text-align: right;">Page 72</p> <p>1 Q. How much time did you spend on -- did</p> <p>2 you spend on the supplemental report, prepping for</p> <p>3 the deposition, up until today?</p> <p>4 A. It's been about 100 hours, give or</p> <p>5 take.</p> <p>6 Q. And your rate is what?</p> <p>7 A. \$500 an hour.</p> <p>8 Q. So another \$25,000. Is that good</p> <p>9 math?</p> <p>10 A. No, that's not good math.</p> <p>11 Q. Let me ask you this: What is 100</p> <p>12 hours times \$500 an hour? Is that --</p> <p>13 A. Just divide it by 2, and you'll get</p> <p>14 the number.</p> <p>15 Q. I'm so bad at math.</p> <p>16 A. Really?</p> <p>17 Q. Is it \$50,000?</p> <p>18 A. I think so. 100,000 divided by two.</p> <p>19 Q. 100 hours times \$500 is that \$50,000?</p> <p>20 A. That would be more -- better math.</p> <p>21 Q. So you're estimating between your</p> <p>22 prior invoices and what you've -- the time you spent</p> <p>23 up before today, about \$108,000?</p> <p>24 A. Probably about that, yes. That's to</p> <p>25 be billed, though.</p>
<p style="text-align: right;">Page 71</p> <p>1 There's June 26th, you were paid</p> <p>2 \$25,000, right?</p> <p>3 A. Right.</p> <p>4 Q. And then there's --</p> <p>5 MS. KABBASH: There's some time for</p> <p>6 Cantrell in here, Adam.</p> <p>7 THE WITNESS: Right. That's why --</p> <p>8 that's why it gets a little bit dicey, because some</p> <p>9 of this is for a different case.</p> <p>10 BY MR. SLATER:</p> <p>11 Q. If we wanted to, we could break out</p> <p>12 the hours that mention Cantrell, and then we could</p> <p>13 subtract those out, right? As best we could, I</p> <p>14 suppose?</p> <p>15 A. We could. But I think we did the</p> <p>16 calculation, tried to do it, anyway, before I got</p> <p>17 here.</p> <p>18 Q. So your calculation is you billed</p> <p>19 about \$58,000 --</p> <p>20 A. Specifically for Mrs. Corbet and the</p> <p>21 general report, not including Mrs. Cantrell.</p> <p>22 Q. How -- where does that take us up to?</p> <p>23 A. That takes us up to our -- prior to</p> <p>24 the supplemental report and the dep prep, the</p> <p>25 deposition prep.</p>	<p style="text-align: right;">Page 73</p> <p>1 Q. Got it. You do plan to bill for</p> <p>2 that, though, right?</p> <p>3 A. I plan to, yes.</p> <p>4 Q. I see you got to talk to Burt Snell?</p> <p>5 A. Only on the phone. Once, maybe. Did</p> <p>6 I ever?</p> <p>7 Q. Tell him, hello. Tell him hello the</p> <p>8 next time you spoke to him. I haven't seen Burt in</p> <p>9 a while.</p> <p>10 What is -- what are the rates that</p> <p>11 you're going to charge for trial?</p> <p>12 A. For a full day it's \$7,500.</p> <p>13 Q. And for a half day?</p> <p>14 A. It's \$4,000.</p> <p>15 - - -</p> <p>16 (Whereupon, Exhibit Fleischmann-3,</p> <p>17 Progress Notes, was marked for identification.)</p> <p>18 - - -</p> <p>19 BY MR. SLATER:</p> <p>20 Q. Exhibit-3 is a set of progress notes.</p> <p>21 Are those your handwritten notes from</p> <p>22 your exam of Mrs. Corbet?</p> <p>23 A. Yes. I'm just looking at yours. I</p> <p>24 have to find mine, right? Here they are.</p> <p>25 Q. When did you write those notes?</p>



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<p style="text-align: right;">Page 74</p> <p>1 A. This was done in realtime.  2 Q. While she was present in the room?  3 A. While she was present on the date.  4 And I can give you the date, if you let me look at  5 my -- my record. Because I don't see that this is  6 dated. My supplemental -- I need -- it would be my  7 supplemental report.  8 That would be October 9th, 2015.  9 Q. When you examined Mrs. Corbet, she  10 told you that she had pain with intercourse,  11 correct?  12 A. Yes. Yeah, she told me that before  13 the exam, but --  14 Q. Let me rephrase.  15 When you met Mrs. Corbet, you took a  16 history and asked her questions, correct?  17 A. Yes.  18 Q. She told you she had pain with  19 intercourse, correct?  20 A. Yes.  21 Q. When you examined Mrs. Corbet, you  22 found that she had tenderness in the area where the  23 mesh erosion had been excised and removed, correct?  24 A. It's hard for me to say exactly, but  25 it's in the area of the trajectory of a mid-urethral</p>	<p style="text-align: right;">Page 76</p> <p>1 at the location where the erosion had been and where  2 there was scarring now from that surgery to remove  3 the eroded mesh, in medicine, tenderness such as was  4 elicited can result from that type of a condition  5 and surgery, correct?  6 A. Well, she had -- she had scarring at  7 that area where she had had surgery. And that's  8 where she was feeling pain.  9 Q. Surgery to remove the mesh, correct?  10 A. I'm assuming. I mean, I can't really  11 say what exactly happened at that spot. I can just  12 tell you that she had scarring at that area and that  13 was the area that she was feeling tenderness.  14 Q. In drawing your opinions, you're  15 assuming that scarring was from the removal of the  16 mesh, correct?  17 A. I would assume, but I can't -- I  18 can't say for sure.  19 Q. But that's your assumption?  20 A. Yes.  21 Q. You would agree with me that based on  22 your exam and that finding, that the dyspareunia  23 that Mrs. Corbet is complaining of is at least, in  24 part, being caused by the tenderness she feels at  25 the location where the mesh had been removed,</p>
<p style="text-align: right;">Page 75</p> <p>1 sling.  2 Q. And I think you said that the scar  3 from -- on the vagina actually tracked away from the  4 incision in that -- into the left, where the mesh  5 excision had taken place, correct?  6 A. I think so, yes.  7 Q. So it's reasonably likely that that  8 extended scar correlates to the removal of mesh by  9 Dr. Smith, correct?  10 A. Well, it correlates to the surgery  11 that had been done in that area, yes.  12 Q. And that's the location -- one of the  13 locations -- rephrase.  14 And Mrs. Corbet reported tenderness  15 when you palpated that area?  16 A. Yes.  17 Q. That made medical sense that she  18 would complain of tenderness at that location? It  19 wasn't something that you would say, why would  20 someone complain of tenderness there, right?  21 MS. KABBASH: Objection.  22 THE WITNESS: I don't understand that  23 question.  24 BY MR. SLATER:  25 Q. When you palpated and felt tenderness</p>	<p style="text-align: right;">Page 77</p> <p>1 correct?  2 A. She's feeling pain at the site where  3 she had a surgical procedure, yes.  4 Q. A surgical procedure to remove eroded  5 mesh, correct?  6 A. She had multiple surgical procedures.  7 First, she had a procedure to place it. She might  8 have even had surgery back in the early '80s to --  9 in that area.  10 It's really hard to know exactly what  11 happened in that area. But I can just tell you that  12 in that area is where she had pain and there was  13 scar tissue.  14 Q. You believe that the area where she  15 had scar tissue where she was complaining of pain,  16 which correlates to where the eroded mesh was  17 removed, that is contributing to her sensation of  18 dyspareunia, correct?  19 A. In the area that she had surgery,  20 whether it was to place the sling, remove the sling,  21 or whatever had been done back in the early '80s,  22 that is where she had pain because she had scar  23 tissue, yes.  24 Q. Whatever surgery she had in the early  25 '80s, Mrs. Corbet was not complaining of any</p>

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<p style="text-align: right;">Page 78</p> <p>1 dyspareunia or discomfort with intercourse, 2 whatsoever, when she went to Dr. Harrell, correct? 3 A. Right. 4 Q. So whatever had happened before Dr. 5 Harrell operated, it was not causing her any pain or 6 discomfort with sexual intercourse whatsoever, 7 correct? 8 A. She didn't complain of that. 9 MS. KABBASH: Objection. 10 BY MR. SLATER: 11 Q. Do you have any reason to think she 12 had such pain or discomfort? 13 A. No. But she also didn't have a lot 14 of complaints of pain in the record following that 15 either. So it's hard to know. 16 MR. SLATER: Move to strike -- 17 THE WITNESS: The record doesn't 18 reflect her dyspareunia after that either. 19 MR. SLATER: Move to strike from 20 "but" forward. 21 BY MR. SLATER: 22 Q. You're not offering an opinion that 23 Mrs. Corbet had either dyspareunia or discomfort 24 with sexual intercourse before Dr. Harrell's 25 surgery, are you?</p>	<p style="text-align: right;">Page 80</p> <p>1 Smith doesn't mean she wasn't having it, correct? 2 A. I can't speak about that. I just 3 know that Dr. Smith was her treating physician and 4 she never complained about it to her, who would have 5 been the primary person she should have talked to 6 about this. 7 Q. It doesn't mean she didn't have 8 discomfort with sexual intercourse; there may be a 9 reason she that didn't tell Dr. Smith, right? 10 MS. KABBASH: Objection. 11 THE WITNESS: I really can't comment 12 on that. 13 BY MR. SLATER: 14 Q. Was Mrs. Corbet asked that by the 15 defense lawyer that questioned her? Why didn't you 16 tell Dr. Smith you were still having discomfort with 17 sexual intercourse? 18 A. I don't recall. 19 Q. Did you do a full vaginal 20 examination? 21 A. Yes. 22 Q. Did you find that -- rephrase. 23 I saw no references to her vaginal 24 length or vaginal architecture being misshapen in 25 any way; it's not as large as it should be.</p>
<p style="text-align: right;">Page 79</p> <p>1 A. No, because she doesn't complain 2 about that in her deposition. But if we're talking 3 about the medical record, she doesn't complain about 4 pain in the medical record either. 5 MR. SLATER: Move to strike after 6 "no." 7 BY MR. SLATER: 8 Q. Let's make one thing clear. After 9 the surgery, she does complain of dyspareunia, and 10 she even complains of it to Dr. Scott in 2014 and 11 2015, correct? 12 A. Yes. 13 Q. She complained of dyspareunia to you, 14 correct? 15 A. Yes, she did. 16 Q. She complained of dyspareunia to Dr. 17 Rosenzweig, right? 18 A. Yes. But not to Dr. Smith who was 19 her treating physician. 20 MR. SLATER: Move to strike from 21 "but" forward. 22 BY MR. SLATER: 23 Q. The fact that, according to your 24 reading of the deposition and the records, Mrs. 25 Corbet stopped complaining of dyspareunia to Dr.</p>	<p style="text-align: right;">Page 81</p> <p>1 You made no findings of a shortened 2 vagina or -- 3 A. No. 4 Q. -- or any other vagina -- let me ask 5 it again, because I went rambling. 6 A. Okay. 7 Q. When you examined Mrs. Corbet, you 8 made no findings of a shortened vagina, correct? 9 A. Right. 10 Q. You found -- made no findings of a 11 narrow vagina, correct? 12 A. No. But she did have scarring in her 13 vagina. 14 MR. SLATER: Move to strike. 15 BY MR. SLATER: 16 Q. When you examined Mrs. Corbet, you 17 did not -- you did not find any narrowing of the 18 vagina, correct? 19 A. No, not narrowing, but she had 20 scarring. 21 Q. Why are you throwing in the scarring? 22 A. Because you could feel -- feel a band 23 of scarring over her posterior vaginal wall, so 24 that's why I'm throwing that in, because I felt it. 25 Q. The location of the scarring you felt</p>

21 (Pages 78 to 81)

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<p style="text-align: right;">Page 82</p> <p>1 on the posterior vaginal wall, is that further back  2 in the vagina from the scarring in the location  3 where the eroded mesh was removed?  4 A. It's a completely different place  5 from her previous -- from her anterior surgery.  6 Q. What I'm asking is, if one were to be  7 going from front to back, you would get to the scar  8 tissue from the -- where the erosion was first  9 before you get to the posterior scarring, correct?  10 A. I don't understand the question at  11 all.  12 From front to back? How are you --  13 we don't think of those terms.  14 Q. From the vaginal opening going  15 internal?  16 A. From the introitus to the cervix --  17 Q. Yes.  18 A. -- or the top of the vagina. You're  19 asking --  20 Q. Which one is closer to the introitus?  21 A. They're just about equally close.  22 Q. The posterior, it would be on the  23 bottom, the anterior --  24 A. Exactly.  25 Q. -- scarring would be on the top?</p>	<p style="text-align: right;">Page 84</p> <p>1 A. No, not that I found.  2 Q. And that was before she actually was  3 asked to try relax the muscles? That was -- after  4 you exam, then you say can you relax them, and she  5 was able to do that?  6 A. Can I look at my --  7 Q. Sure.  8 A. -- report, because I don't recall  9 exactly what I wrote there.  10 So there was scarring noted on the  11 anterior and posterior wall of the vagina --  12 Q. Doctor, just so you know, you can  13 read quietly to yourself. I just want to know the  14 answer to my question about whether or not --  15 A. So I wrote, She had specific  16 tenderness of the levator muscles on both sides  17 equally and she was able to relax and contract these  18 muscles upon command.  19 Q. So you found spasm or hardness,  20 correct?  21 A. Right.  22 Q. You found only tenderness?  23 A. Only tenderness.  24 Q. And then after you found that, she  25 was able to relax the muscles at your request?</p>
<p style="text-align: right;">Page 83</p> <p>1 A. Exactly.  2 Q. You found levator muscle spasm when  3 you examined Mrs. Corbet, correct?  4 A. She was definitely tender over the  5 levators. The good thing is that she could relax  6 and contract them, which people who have severe  7 levator spasm can't do. So she was able to relax  8 her levators properly.  9 Q. Well, let me ask it then.  10 You found tenderness bilaterally on  11 both levators?  12 A. Yes, and in the midline as well. Her  13 entire posterior vaginal wall was very tender, all  14 the way to the levators.  15 Q. Did you find actual hardening or  16 spasm or just tenderness?  17 A. Tenderness, but less spasm because  18 she was able to relax and contract her muscles  19 properly. Most people with levator spasm can't do  20 that.  21 Q. I didn't see any reference in your  22 report to finding any spasm or hardening of the --  23 A. Right.  24 Q. -- levators.  25 There was none?</p>	<p style="text-align: right;">Page 85</p> <p>1 A. Exactly.  2 MS. KABBASH: Adam, can we plan a  3 break around 11:00? It's 15 minutes from now.  4 MR. SLATER: Whenever you want.  5 - - -  6 (Whereupon, a discussion off the  7 record occurred.)  8 - - -  9 MS. KABBASH: Why don't we do it now,  10 if that's all right?  11 MR. SLATER: Sounds like a good time.  12 VIDEO TECHNICIAN: The time is 10:46  13 a.m. We are going off the record.  14 - - -  15 (Whereupon, a brief recess was  16 taken.)  17 - - -  18 (Whereupon, Exhibit Fleischmann-4,  19 Expert Report on TVTMM Retropubic, N. Fleischmann,  20 M.D., was marked for identification.)  21 - - -  22 VIDEO TECHNICIAN: This marks the  23 beginning of Videotape Number 2. The time is 10:55  24 a.m. Back on the record.  25 BY MR. SLATER:</p>

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<p style="text-align: right;">Page 86</p> <p>1 Q. Doctor, I've marked a few exhibits I 2 just want to, for the record, establish what they 3 are. 4 What is Exhibit-4? 5 A. Exhibit-4 is my expert general report 6 on TVTTM Retropubic. 7 - - - 8 (Whereupon, Exhibit Fleischmann-5, 9 Expert Report on K. Corbet, N. Fleischmann, M.D., 10 was marked for identification.) 11 - - - 12 BY MR. SLATER: 13 Q. What is Exhibit-5? 14 A. That is my expert report on Kathryn 15 Corbet, the case of Kathryn Corbet. 16 - - - 17 (Whereupon, Exhibit Fleischmann-6, 18 Supplemental Expert Report on K. Corbet, N. 19 Fleischmann, M.D., was marked for identification.) 20 - - - 21 BY MR. SLATER: 22 Q. What is Exhibit-6? 23 A. That is the supplemental report that 24 I wrote on the case of Kathryn Corbet. 25 - - -</p>	<p style="text-align: right;">Page 88</p> <p>1 A. Where do you see the date? 2 Q. Page 30. 3 MS. KABBASH: It's on Page 30. 4 THE WITNESS: Oh, sorry. 5 The date I signed it, probably, yes. 6 BY MR. SLATER: 7 Q. This report contains each of the 8 opinions that you had formed with regard to the 9 TVTTM Retropubic, and you put those in the report 10 and signed the report, correct? 11 A. Yes. 12 Q. In the course of the report, you talk 13 about certain facts, certain articles, other things 14 that you were considering. 15 Are those the things that you felt 16 were most important to you, the factual things that 17 you talked about in the report, that were most 18 important to you in forming your opinions? 19 MS. KABBASH: Objection. 20 MR. SLATER: I'll tell you what I'm 21 getting at. 22 BY MR. SLATER: 23 Q. In your report, you -- new question. 24 In your report, you recite various 25 facts, things that you know from your background and</p>
<p style="text-align: right;">Page 87</p> <p>1 (Whereupon, Exhibit Fleischmann-7, 2 Materials Reliance List, was marked for 3 identification.) 4 - - - 5 BY MR. SLATER: 6 Q. What is Exhibit-7? 7 A. The list of materials I've relied 8 upon for my opinions. 9 Q. Now, you have lists of things you 10 have relied in your -- attached to Exhibit-4, to 11 your general report, right? 12 A. Yes. 13 Q. So what is -- Exhibit-7, what is 14 that, more materials or is it the same thing? It 15 looks like it's -- 16 MS. KABBASH: It's an update, Adam. 17 MR. SLATER: It's an updated list of 18 things relied on? 19 MS. KABBASH: Yes. 20 BY MR. SLATER: 21 Q. Let me understand something. When 22 you wrote your general report, Exhibit-4, I think 23 you dated it, actually. 24 Your general report in this case is 25 July 8, 2014, correct?</p>	<p style="text-align: right;">Page 89</p> <p>1 you talk about a lot of specific facts and 2 literature and things like that. 3 Were those the facts that you felt 4 were most important to you in forming your opinions 5 that you set forth in the report? 6 A. Well, I wrote in my report the facts 7 that I thought supported my opinions, yes. 8 Q. Exhibit-5, which is your 9 case-specific report -- 10 MS. KABBASH: Are you trying to kill 11 something? 12 MR. SLATER: I just killed a bug. 13 You have an extermination issue here. 14 BY MR. SLATER: 15 Q. Exhibit-5, which is your 16 case-specific report regarding Mrs. Corbet is dated 17 July 13, 2014, correct? On Page 39, the last page? 18 A. Thank you. 19 Yes. 20 Q. That report contains each of the 21 opinions you formed with regard to Mrs. Corbet, 22 correct? 23 A. Yes. 24 Q. In the course of that report, you set 25 forth various facts.</p>

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<p style="text-align: right;">Page 90</p> <p>1 Were those the facts that were most 2 important to you in forming those opinions? 3 A. Yes. 4 Q. Exhibit-6 is what you said is your 5 supplemental report regarding Mrs. Corbet. 6 Why did you write that report? 7 A. Because that was after my medical 8 exam -- medical examination was performed. 9 Q. You didn't only talk about your 10 medical exam, though; you talked about other things 11 in the supplemental report as well, correct? 12 A. Right. Because there were newer 13 things that had come to my attention; depositions 14 that I had read, specifically plaintiff's 15 deposition. I felt the need to speak my mind about 16 those. 17 Q. So the supplemental report contains 18 any additional opinions that you formed when you saw 19 the materials listed in that report, as well as your 20 exam? 21 A. Exactly. 22 Q. And -- 23 A. And there were also some newer 24 studies that had come out that I wanted to review. 25 Q. Newer studies that weren't available</p>	<p style="text-align: right;">Page 92</p> <p>1 Q. -- which was Exhibit-4? 2 A. Uh-huh, yes. 3 Q. You did not write a supplemental 4 general report, correct? 5 A. No. It's all included in here. 6 Everything I reviewed. No, I never wrote a 7 supplemental general report. 8 But the -- I believe that these are 9 all compiled of the general and supplemental 10 reliance list. 11 Q. Okay. Let me understand. 12 The Exhibit-7, which is your updated 13 reliance list, when was this finalized, do you know? 14 A. Just recently. In the last few days. 15 Q. Because I think we just got it in the 16 last week, I think. 17 MS. KABBASH: Yes. 18 MR. SLATER: So it was served some 19 time in the last week? 20 MS. KABBASH: Right. 21 BY MR. SLATER: 22 Q. The only general report you've 23 written is the general report that was served July 24 8, 2014, correct? 25 A. Right.</p>
<p style="text-align: right;">Page 91</p> <p>1 when you wrote your initial report in July of 2014? 2 A. I don't -- I'm trying to think if the 3 Ford had come out by then. 4 Yeah, I was constantly reviewing 5 literature. And then when things came out, I would 6 put them in the newer supplement of the report. 7 Q. Your supplemental report regarding 8 Mrs. Corbet is dated November 16, 2015, correct? 9 That's on Page 24. 10 A. Yes. 11 Q. With regard to Mrs. Corbet, if I were 12 to look at your initial report of July 13, 2014, and 13 your supplemental report, dated November 16, 2015, 14 that would be the sum of your opinions regarding 15 Mrs. Corbet? 16 A. Yes. 17 Q. And the facts described in those two 18 reports are the key facts on which you're basing 19 your opinions, correct? 20 A. Yes. 21 Q. Exhibit-7 is a list of materials that 22 you reviewed, that's what it says. 23 This was updated from the list that 24 was attached to your initial general report -- 25 A. Yes.</p>	<p style="text-align: right;">Page 93</p> <p>1 Q. Looking at Exhibit-7, you have a list 2 of treatment records for Mrs. Corbet. 3 Those are the medical records you've 4 reviewed and relied on, correct? 5 A. Yes. 6 Q. There's a list of -- if you go to the 7 third page of your supplemental list of materials, a 8 list of company documents that goes from about the 9 third to the sixth page; it's 56 items. 10 A. Yes. 11 Q. Did you read all those materials? 12 A. I read as much as I could. I perused 13 some and I read others more thoroughly. But if it's 14 on the list, I had had an opportunity to look at it 15 at some point. 16 Q. There's a list of deposition 17 transcripts and Exhibits 1 through 12. 18 Have you read each of those 19 transcripts and the exhibits to those depositions? 20 A. Again, some I've perused and some 21 I've read more thoroughly. But, yes, I'm familiar 22 at some -- at some level with all of these. 23 Q. Well, you're not saying you read all 24 these transcripts cover to cover are you? 25 A. It's not possible, really.</p>



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<p style="text-align: right;">Page 94</p> <p>1 Q. You're not saying you read all the 2 exhibits, correct? 3 A. I mean, I can tell you that I've done 4 my best to read almost everything that's in this 5 reliance list. 6 Q. No, I understand that. 7 Here is what I'm getting at -- 8 A. Yes. 9 Q. -- with regard to the deposition 10 transcripts and exhibits, you haven't read them all 11 cover to cover, correct? 12 A. With few exceptions, I pretty much 13 have, yeah. I can't say that I committed them to 14 memory. But I've definitely looked at them. 15 Q. The publicly sourced documents list 16 is 37 items. 17 And those are professional society 18 statements and other FDA statements, things like 19 that, correct? 20 A. Yes. 21 Q. Number 36 on that list is a Premarin® 22 advertisement, right? 23 A. Yes. 24 Q. Premarin® is an -- is an estrogen 25 cream?</p>	<p style="text-align: right;">Page 96</p> <p>1 A. No, no. I'm agreeing with you. 2 Q. Okay. The company gave you some 3 internal documents, but that -- they didn't impact 4 your opinions, right? 5 A. No. They don't impact my opinions, 6 but I've looked at them. 7 Q. If there was deposition testimony 8 given by Ethicon witnesses that could potentially 9 undercut the basis for your opinions, would you have 10 wanted to see those? 11 MS. KABBASH: Objection. 12 THE WITNESS: I don't know how 13 deposition testimony could undercut the basis of my 14 opinions. 15 BY MR. SLATER: 16 Q. Okay. There's a list of expert 17 reports that you reviewed. 18 Did you review Dr. Klinge's expert 19 report? 20 A. If it's on here, I reviewed it. 21 Q. I want to know, did you read it? Do 22 you remember reading Dr. Klinge's expert report? 23 A. What page are you on? 24 Q. I'm on the page that says, Expert 25 reports.</p>
<p style="text-align: right;">Page 95</p> <p>1 A. Yes. 2 Q. There's never been a study that's 3 actually established that the use of estrogen on the 4 vaginal wall will actually make a difference in 5 healing an erosion, correct? It's never been 6 established, right? 7 A. It is a first-line therapy for a 8 vaginal mesh erosion. 9 Q. It's never been established that it 10 actually makes a difference, right? 11 A. I'm not sure of that. 12 Q. There's no study you can point to 13 that's actually established that, correct? 14 A. No, I can't point to a study. 15 Q. You know, just talking to the company 16 documents, you were given these company documents, 17 you looked at them. 18 But I think you told me before your 19 opinions are based on your experience, your training 20 and the literature, correct? 21 A. For the most part, yes. 22 Q. Before you told me that was the basis 23 for it. 24 A. Yes. 25 Q. Is that changing now?</p>	<p style="text-align: right;">Page 97</p> <p>1 A. Oh, we're after this. 2 MS. KABBASH: Note to self, put page 3 numbers on list of materials reviewed. 4 THE WITNESS: I'm sure I reviewed it. 5 I can't tell you I've committed it to memory. 6 BY MR. SLATER: 7 Q. Do you know who Dr. Klinge is? 8 A. Yes, a histopathologist. 9 Q. Do you remember anything about what 10 he said in his report? 11 A. You'd have to give me a specific 12 question about it, and then maybe it would come to 13 memory. 14 Q. Do you remember anything he said in 15 his report? 16 A. I can remember certain things, but I 17 can't give you anything verbatim. 18 Q. What can you remember that he said in 19 his report? 20 A. Nothing offhand that I can remember 21 directly. 22 Q. There's a list of medical literature, 23 and it goes to 160 entries. 24 Is that the medical literature that 25 you are -- that you have reviewed in connection with</p>

25 (Pages 94 to 97)



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<p style="text-align: right;">Page 98</p> <p>1 your opinions?</p> <p>2 A. Yes.</p> <p>3 Q. Do you consider yourself to be an</p> <p>4 expert with regard to the material science of the</p> <p>5 mesh material in the TVTMM Retropubic?</p> <p>6 A. I'm not a materials expert, but I'm</p> <p>7 very familiar with the mesh, as I use it on a daily</p> <p>8 basis.</p> <p>9 Q. Have you ever studied, from a</p> <p>10 material science perspective, the mesh?</p> <p>11 A. No, but it's my medium that I work</p> <p>12 with.</p> <p>13 MR. SLATER: Move to strike from</p> <p>14 "but" forward on both of those answers, the last</p> <p>15 two.</p> <p>16 BY MR. SLATER:</p> <p>17 Q. Have you ever participated in a study</p> <p>18 of the mesh material from a histopathologic</p> <p>19 standpoint, under a microscope?</p> <p>20 A. No.</p> <p>21 Q. With regard to the histopathology of</p> <p>22 the mesh material, do you defer to those people who</p> <p>23 are pathologists who study that?</p> <p>24 A. Yes. But I'm not as interested in</p> <p>25 the histopathology of what's going on with the mesh.</p>	<p style="text-align: right;">Page 100</p> <p>1 articles at different time points up through 17</p> <p>2 years, do you know if those same patients are also</p> <p>3 described and studied in another study that's not</p> <p>4 the Nilsson study?</p> <p>5 A. I do believe that they were. The</p> <p>6 Olson study, maybe. But I'm not entirely sure of</p> <p>7 that.</p> <p>8 Q. Do you know the selection process for</p> <p>9 the patients in the Nilsson study? How they were</p> <p>10 selected to be studied?</p> <p>11 A. They were the patients who were --</p> <p>12 underwent the original TVT.</p> <p>13 Q. Do you know how they were selected to</p> <p>14 be the ones that would actually be included in the</p> <p>15 study going forward?</p> <p>16 A. I'd have to look at the study.</p> <p>17 Q. Do you know if they were randomly</p> <p>18 selected?</p> <p>19 A. I'm not sure, but I can look at the</p> <p>20 study and let you know.</p> <p>21 Q. I am going to tell you -- let me ask</p> <p>22 you this: Is there any indication you're familiar</p> <p>23 with that the patients in the Nilsson study were</p> <p>24 randomly selected or that they were even consecutive</p> <p>25 patients that came for treatment? Do you know if</p>
<p style="text-align: right;">Page 99</p> <p>1 I'm more interested in the clinical outcomes of the</p> <p>2 mesh, because I am a clinician.</p> <p>3 MR. SLATER: Move to strike from</p> <p>4 "but" forward.</p> <p>5 BY MR. SLATER:</p> <p>6 Q. Do you know -- rephrase.</p> <p>7 The Nilsson studies are set forth in</p> <p>8 your list here.</p> <p>9 Do you know where those patients came</p> <p>10 from?</p> <p>11 A. The original Nilsson patients?</p> <p>12 Q. The Nilsson patients --</p> <p>13 A. Scandinavia.</p> <p>14 Q. The Nilsson patients that he studied</p> <p>15 and kept having these serial reports on?</p> <p>16 A. Right. They were Scandinavian.</p> <p>17 Q. Were those patients that are studied</p> <p>18 in the Nilsson study, were they studied in any other</p> <p>19 studies?</p> <p>20 A. It was the same patients that were</p> <p>21 being studied in multiple studies going forward. We</p> <p>22 have 5-year data, 7-year data, 11-year data, 17-year</p> <p>23 data on those same group of patients.</p> <p>24 Q. This is my question: The patients</p> <p>25 who are -- who are discussed in Nilsson's serial</p>	<p style="text-align: right;">Page 101</p> <p>1 any of those criteria were met?</p> <p>2 MS. KABBASH: Adam, you're asking her</p> <p>3 questions -- I mean, I mean if you want to ask her</p> <p>4 from her rote memory --</p> <p>5 THE WITNESS: Yeah, can I look --</p> <p>6 MR. SLATER: That's all I'm asking.</p> <p>7 I know the answer, so I don't really care.</p> <p>8 THE WITNESS: But I would prefer to</p> <p>9 look at the study so I can give you that answer.</p> <p>10 MR. SLATER: Do you have it sitting</p> <p>11 right there?</p> <p>12 BY MR. SLATER:</p> <p>13 Q. I mean, I really don't want to take a</p> <p>14 lot of time, because I -- let me ask you this --</p> <p>15 MS. KABBASH: It's up to you, but</p> <p>16 it's an unfair question to ask --</p> <p>17 BY MR. SLATER:</p> <p>18 Q. Let me ask you this --</p> <p>19 MS. KABBASH: -- without the study</p> <p>20 sitting in front of her.</p> <p>21 BY MR. SLATER:</p> <p>22 Q. Let me ask you this --</p> <p>23 A. Yes.</p> <p>24 Q. -- if, in the Nilsson study, the</p> <p>25 patients were carefully selected and were not</p>

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<p style="text-align: right;">Page 102</p> <p>1 randomly consecutively selected, that can introduce 2 a bias into the study, correct? 3 A. I am not sure about that. Because 4 they were the first TVT patients, they were 100 5 patients, no matter what the selectivity of that 6 was. I would be comfortable with that. 7 Q. Do you know whether or not Nilsson 8 actually decided which patients to include in his 9 study? 10 A. You mean whether they had prolapse 11 or -- I mean, they were excluding patients who had 12 certain things, confounding features, but they were 13 genuine stress incontinence patients. 14 Q. Do you know if there were additional 15 patients available that Nilsson could have included 16 in his study but chose these, based on some criteria 17 known to him? 18 A. No. 19 Q. I saw earlier on in this list that 20 you saw the deposition of Dr. Naber? 21 A. Yes. 22 Q. Do you know who that is? 23 A. Yes. 24 Q. Who is he? 25 A. He is -- I don't know what his exact</p>	<p style="text-align: right;">Page 104</p> <p>1 Q. Did you read all the references to 2 see if they actually are accurately referenced? 3 A. Yes. 4 Q. Did you read, in the statement 5 itself, when it would reference something, to see 6 whether or not what it said in the statement 7 actually was accurately referencing what the 8 reference stands for? 9 MS. KABBASH: Objection. 10 BY MR. SLATER: 11 Q. Did you actually match that up? 12 MS. KABBASH: Objection. 13 THE WITNESS: I don't really 14 understand the question, counselor. 15 BY MR. SLATER: 16 Q. You look at the statements by AUGS, 17 for example? 18 A. Yes. 19 Q. And they say X, Y, Z about the 20 mid-urethral sling, and then they cite some article, 21 for example. 22 Did you actually go to the articles 23 and see what they actually say to see if what they 24 were being referenced for, if there was a match? 25 A. In many cases, yes.</p>
<p style="text-align: right;">Page 103</p> <p>1 role in AUGS is, but he -- he's been very active in 2 pelvic mesh. 3 Q. And what about his deposition was 4 significant to you? 5 A. I mean, nothing -- nothing stands out 6 as significant. I remember a lot of questions about 7 biases and financial disclosures and that kind of 8 thing. 9 Q. Does that matter to you, those types 10 of things? 11 A. No, not really. 12 Q. Does it matter to you who wrote the 13 AUGS statements about mid-urethral slings? Does it 14 matter whether the people who authored those were 15 being paid by industry as consultants? 16 A. No, it doesn't matter to me. 17 Q. Does it matter to you whether Ethicon 18 is a member of AUGS? 19 A. When we have duties as physicians to 20 put forth ideas that are based on science and Level 21 1 evidence, it doesn't matter to me whether Ethicon 22 is present at a meeting or not. 23 Q. Did you read the AUGS statement cover 24 to cover? 25 A. Yes.</p>	<p style="text-align: right;">Page 105</p> <p>1 Q. Not all? 2 A. In most cases. 3 Q. Did you find anything in the AUGS 4 statement where they cited a reference and then if 5 you looked at the reference, you said, well, it 6 doesn't actually stand for that proposition? 7 A. No, I didn't find that. 8 Q. Did you see any references in the 9 AUGS statement where you saw the reference and said, 10 you know, this isn't the whole story, the reference 11 also says some other things that may cut the other 12 way and they didn't mention that? 13 A. I don't really know what you're 14 referring to. I can't answer these kind of vague 15 questions that you're asking me. 16 Q. Well, I'm asking about your process 17 as an expert. Because you want to be really 18 thorough, right, as an expert? 19 A. Yes. 20 Q. In fact, you should be held to the 21 standard of being incredibly thorough before you're 22 going to walk into courtroom, in front of a jury, 23 and you should be extremely thorough, right? 24 MS. KABBASH: Objection. 25 THE WITNESS: I agree with that.</p>

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<p style="text-align: right;">Page 106</p> <p>1 BY MR. SLATER:</p> <p>2 Q. And if you give an opinion, for</p> <p>3 example, that a statement by a professional society</p> <p>4 is important to you, you want to be able to tell the</p> <p>5 jury, I read that statement, I read all the</p> <p>6 references, and this is an accurate and a fair</p> <p>7 portrayal of those references that they're relying</p> <p>8 on? You need to be able to say that, right?</p> <p>9 MS. KABBASH: Objection.</p> <p>10 THE WITNESS: Yes.</p> <p>11 BY MR. SLATER:</p> <p>12 Q. The same would hold true with regard</p> <p>13 to the AUA statements, right?</p> <p>14 A. Yes.</p> <p>15 MS. KABBASH: Same objection.</p> <p>16 BY MR. SLATER:</p> <p>17 Q. Now, in this winding road that we're</p> <p>18 going to continue down, a long time ago, I started</p> <p>19 to ask you about February 19, 2012, the date that</p> <p>20 Mrs. Corbet was seen by Dr. Harrell, one of the</p> <p>21 dates.</p> <p>22 And I asked you a question, and you</p> <p>23 wanted to refer to your report to be able to answer</p> <p>24 the question.</p> <p>25 So if you want to turn to that date</p>	<p style="text-align: right;">Page 108</p> <p>1 MS. KABBASH: We have a February</p> <p>2 29th, 2012.</p> <p>3 MR. SLATER: Maybe I mis -- what page</p> <p>4 is it on?</p> <p>5 MS. KABBASH: Page 12 at the top of</p> <p>6 the page.</p> <p>7 MR. SLATER: Maybe I wrote the wrong</p> <p>8 date in my notes. Trying to mess with you here.</p> <p>9 Yes, there you go. February 29th.</p> <p>10 See, look at that. Sorry about that.</p> <p>11 THE WITNESS: Now I'm on board.</p> <p>12 BY MR. SLATER:</p> <p>13 Q. On February 29, 2012, Dr. Harrell</p> <p>14 examined Mrs. Corbet and found normal vaginal</p> <p>15 mucosa, correct?</p> <p>16 A. Uh-huh.</p> <p>17 Q. That means there's no vaginal</p> <p>18 atrophy, correct?</p> <p>19 A. No, that doesn't mean that. Just</p> <p>20 normal vaginal mucosa means that it could be --</p> <p>21 atrophy could be normal for someone Mrs. Corbet's</p> <p>22 age.</p> <p>23 Q. Did Dr. Harrell note any vaginal</p> <p>24 atrophy on February 29th, 2012?</p> <p>25 A. Not that he writes in the report.</p>
<p style="text-align: right;">Page 107</p> <p>1 in your case-specific report, we can come back to</p> <p>2 where we were.</p> <p>3 You have a chronological --</p> <p>4 A. Right. Right.</p> <p>5 Q. -- you have a chronological --</p> <p>6 A. It's coming back.</p> <p>7 Q. -- statement of all her --</p> <p>8 A. I do.</p> <p>9 Q. -- office visits, et cetera?</p> <p>10 A. I do. So let me go to that.</p> <p>11 February 12th, 2012, you said?</p> <p>12 Q. February 19th, 2012.</p> <p>13 A. Okay.</p> <p>14 Q. On February 19, 2012, according to</p> <p>15 your report, Dr. Harrell did an exam and found</p> <p>16 normal vaginal mucosa, correct?</p> <p>17 MS. KABBASH: Do you mean the 29th?</p> <p>18 THE WITNESS: What page are you on in</p> <p>19 my report?</p> <p>20 MS. KABBASH: Do you mean the 29th?</p> <p>21 BY MR. SLATER:</p> <p>22 Q. I'm not in your report. I'm in my</p> <p>23 notes about your report. Did I write the wrong</p> <p>24 date?</p> <p>25 A. I don't have that specific date.</p>	<p style="text-align: right;">Page 109</p> <p>1 Q. Dr. Harrell wrote that Mrs. Corbet</p> <p>2 had normal vaginal mucosa?</p> <p>3 A. Yes. But those are not mutually</p> <p>4 exclusive.</p> <p>5 MR. SLATER: Move to strike from</p> <p>6 "but" forward.</p> <p>7 BY MR. SLATER:</p> <p>8 Q. When a patient has atrophy, do you</p> <p>9 note that they have normal vaginal mucosa in your</p> <p>10 records?</p> <p>11 A. Sometimes, yeah, I could.</p> <p>12 Q. When you mean that it's normal for</p> <p>13 that patient?</p> <p>14 A. It's normal for that patient, it's</p> <p>15 normal for that age. Atrophy is normal in</p> <p>16 someone -- in someone Mrs. Corbet's age.</p> <p>17 Q. So you think that you don't -- you</p> <p>18 can say normal for anyone her age and that means</p> <p>19 atrophy, even though all women her age don't have</p> <p>20 atrophy?</p> <p>21 A. Most women Mrs. Corbet age have some</p> <p>22 degree of atrophy, so I would consider that to be</p> <p>23 normal.</p> <p>24 Q. Do they all?</p> <p>25 A. Almost all. Once you lose your</p>

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<p style="text-align: right;">Page 110</p> <p>1 estrogen, you get atrophy. And she lost her 2 estrogen. 3 Q. On May 18, 2012, Mrs. Corbet 4 complained of bladder spasms, correct? 5 A. Yes. 6 Q. That's the first indication I saw of 7 bladder spasms. 8 Is that consistent with your reading 9 of the records? 10 A. That's not the first indication of 11 bladder spasms. It's just the first indication of 12 the word "bladder spasms." 13 Q. That's what I'm asking you. 14 A. Of the word "bladder spasms," yes. 15 But there are -- there's evidence in the record of 16 bladder spasms earlier than that, even before her 17 surgery. 18 Q. When you say there's evidence of 19 bladder spasms earlier in the record, you are saying 20 that there are clinical symptoms being reported that 21 are consistent with bladder spasms? 22 A. Yes. And a questionnaire where 23 she -- where she documents that she's having bladder 24 spasms and having difficulty making it to the 25 bathroom.</p>	<p style="text-align: right;">Page 112</p> <p>1 I don't think it's ever been reported. 2 Q. Was Mrs. Corbet complaining of 3 vaginal dryness before she started taking the 4 Gelnique? 5 A. I'm not sure. It's not documented in 6 the record, but she might have been. 7 Q. Doctor, I'm only asking you what 8 you've seen. So -- 9 A. Right. It's not documented in the 10 record that she had -- that she complained of 11 vaginal dryness. 12 Q. On February 19th, 2013, Dr. Smith 13 performed surgery to remove eroded mesh, correct? 14 A. Yes. 15 Q. The pathology has certain findings -- 16 A. Can I just -- can I just comment? It 17 wasn't eroded. It was exposed. We have to be 18 careful with our terminology. 19 Q. It eroded through the vaginal wall, 20 right? 21 A. But we don't use the word 22 "erosion," -- 23 Q. Who is "we"? 24 A. -- we use the word "exposure." 25 Q. I use the word erosion. So we use</p>
<p style="text-align: right;">Page 111</p> <p>1 Q. Did Mrs. Corbet ever report bladder 2 spasms before the TVT surgery? 3 A. She didn't use the word "bladder 4 spasms." 5 Q. That was my question. 6 A. She did not use the word "bladder 7 spasms." 8 Q. On May 18, 2012, a medication called 9 Gelnique, G-E-L-N-I-Q-U-E, was prescribed. 10 What is that for? 11 A. That's for overactive bladder. 12 Q. After Mrs. Corbet started taking the 13 Gelnique, she started to complain of dry mouth and 14 vaginal dryness, correct? 15 A. Yes. 16 Q. Those are side effects of that 17 medication? 18 A. Dry mouth, yes. Vaginal dryness is 19 really more of a sign of atrophy. You don't see a 20 lot of vaginal dryness from overactive bladder 21 medicines. 22 Q. You do or you don't? 23 A. No, I don't. 24 Q. Can it happen? 25 A. Well, I've never seen it before, and</p>	<p style="text-align: right;">Page 113</p> <p>1 all sorts of terms. 2 A. It's just not a technically -- the 3 it's not the medical term -- 4 Q. Really? 5 A. -- for exposure. 6 Q. Really? Aren't there a lot of 7 doctors that talk about mesh erosion through the 8 vaginal wall? 9 A. But you'd have -- you'd have to 10 really be careful with that, because erosion really 11 refers to -- and even that term is out of favor, but 12 erosion refers to going through the lumen of an 13 organ, which is not what happened here. 14 Q. Is that because the people who are 15 working with the mesh manufacturers want to make it 16 sound like it's not a big deal? 17 MS. KABBASH: Objection. Adam, come 18 on. 19 BY MR. SLATER: 20 Q. Isn't that -- isn't that what's going 21 on? Isn't this more of a -- 22 A. It's really not. 23 Q. -- mind meld by these highly-paid 24 marketers that are influencing the doctors they pay 25 tens of hundreds of thousands of dollars every year?</p>

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<p style="text-align: right;">Page 114</p> <p>1 MS. KABBASH: Objection.  2 THE WITNESS: Not at all. That's ICS  3 terminology.  4 BY MR. SLATER:  5 Q. Who on ICS is being paid by industry,  6 do you know?  7 MS. KABBASH: Objection.  8 THE WITNESS: There are plenty of  9 people who are making decisions who are not paid by  10 industry, who are doing trials and they are studying  11 their own patients and it has nothing to do with  12 industry.  13 BY MR. SLATER:  14 Q. Okay. That's great.  15 The mesh caused some reaction with  16 the tissue such that the mesh came through the  17 vaginal wall into the vagina, right?  18 A. No, I don't know that that's the  19 case.  20 Q. The mesh miraculously appeared within  21 the vagina one day without having gotten through the  22 vaginal wall; is that your testimony?  23 MS. KABBASH: Objection.  24 THE WITNESS: No. That's not -- my  25 testimony is that I'm not sure how the mesh became</p>	<p style="text-align: right;">Page 116</p> <p>1 A. I'll give you an opinion on the  2 possibilities of how the mesh became exposed. I  3 cannot say for sure how the mesh became exposed.  4 Q. Well, I don't want a list of  5 possibilities. I want to know if you have an  6 opinion as to what occurred?  7 A. I have an opinion that it did not  8 occur because of reaction of the mesh to the vaginal  9 wall. That you -- this is what you stated before.  10 Q. So you think the mesh came through  11 the vaginal wall; it was not due to a reaction  12 between the mesh and the tissue?  13 A. Right.  14 Q. But it came through some other way.  15 Tell me the other possible ways.  16 A. Probably, it had to do with the  17 placement of the sling.  18 Q. Yeah, what's that?  19 A. Well, I think if the sling is placed  20 too thinly -- there's lots of reasons why mesh can  21 become exposed. But if the sling is placed too  22 thinly under the vaginal wall, we do see exposures.  23 Q. What other possibilities?  24 A. It depends on the exposure. I mean,  25 sometimes we see that the -- that the stitch over</p>
<p style="text-align: right;">Page 115</p> <p>1 exposed. But I'm not going to say there was some  2 reaction that caused the mesh to become exposed.  3 BY MR. SLATER:  4 Q. That's fine. You don't have an  5 opinion as to the mechanism by which the mesh became  6 exposed into the vagina, correct?  7 A. I have an opinion on the  8 possibilities of why mesh becomes exposed in  9 general.  10 Q. I'm not asking in general.  11 In Mrs. Corbet, you're not offering  12 an opinion as to why the mesh -- the mechanism by  13 which the mesh got through the vaginal wall and was  14 exposed in the vagina, correct? Is that what you  15 just told me?  16 A. I'm not sure that I'm not offering an  17 opinion for the mesh exposure on Mrs. Corbet.  18 Q. You just told me that?  19 A. Well, can we -- can we play it back  20 so I can see what you were saying?  21 Q. Doctor, it's very simple.  22 Are you giving me an opinion right  23 now as to the mechanism by which the mesh in Mrs.  24 Corbet through the vaginal wall and was exposed into  25 the vagina?</p>	<p style="text-align: right;">Page 117</p> <p>1 the sling becomes violated, and the vaginal wall  2 opens, revealing the sling underneath.  3 Q. Is there some indication of a stitch  4 here?  5 A. This is in general. This is not in  6 Mrs. Corbet.  7 Q. All right. Let me -- let's be really  8 clear. I don't care about general reasons why mesh  9 exposures or mesh erosions through the vagina occur,  10 okay? I've read all the same stuff.  11 So here is my question: As you sit  12 here now, are you offering an opinion as to the  13 mechanism by which the TVT mesh in Mrs. Corbet  14 became exposed into the vagina?  15 A. I'm offering an opinion that it may  16 have had to do with the placement of the sling and  17 how -- the technical error of how the sling was  18 placed, which is something that happens when slings  19 are placed and is warned about.  20 Q. You're saying that may have been, but  21 you're not saying that more likely than not that  22 that occurred, correct?  23 A. More likely than not.  24 Q. So you're blaming Dr. Harrell for a  25 thin placement of the mesh? Where does it say that</p>



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<p style="text-align: right;">Page 118</p> <p>1 in your report?</p> <p>2 MS. KABBASH: Objection.</p> <p>3 THE WITNESS: I am saying that most</p> <p>4 of the mesh exposures that happen have to do with</p> <p>5 technical error. And it's not a blame of a doctor,</p> <p>6 it's just --</p> <p>7 BY MR. SLATER:</p> <p>8 Q. Is there anywhere in your report --</p> <p>9 MS. CRAWFORD: I don't think she was</p> <p>10 finished with her answer, Adam.</p> <p>11 MR. SLATER: Oh, I thought you were.</p> <p>12 MS. KABBASH: You have to let her</p> <p>13 finish the answers.</p> <p>14 BY MR. SLATER:</p> <p>15 Q. Go ahead.</p> <p>16 A. What I'm saying is when mesh becomes</p> <p>17 exposed in the area that is exposed, it usually has</p> <p>18 to do with technical placement of the sling and not</p> <p>19 the sling itself.</p> <p>20 It's not a blame, just one of the</p> <p>21 things that happen.</p> <p>22 Q. So that's a generalization, right?</p> <p>23 A. But more likely than not, that's what</p> <p>24 happened here.</p> <p>25 Q. Show me in your report where you say</p>	<p style="text-align: right;">Page 120</p> <p>1 A. Erosion -- that exposures can happen,</p> <p>2 is warned about in the IFU.</p> <p>3 Q. There's nothing about superficial</p> <p>4 placement mentioned in the IFU causing erosions; it</p> <p>5 doesn't say that, right?</p> <p>6 A. No. But that's something that we all</p> <p>7 know who do slings on a regular basis.</p> <p>8 MR. SLATER: Move to strike from</p> <p>9 "but" forward.</p> <p>10 BY MR. SLATER:</p> <p>11 Q. Doctor, I understand that you're</p> <p>12 telling me in general that there's reasons why</p> <p>13 things can happen.</p> <p>14 So I want to talk about Mrs. Corbet</p> <p>15 and a case you're actually going to sit on a witness</p> <p>16 stand in January on, okay?</p> <p>17 A. Sure.</p> <p>18 Q. So here is the question: Show me in</p> <p>19 your report any criticism of Dr. Harrell whatsoever.</p> <p>20 A. I don't criticize Dr. Harrell</p> <p>21 whatsoever.</p> <p>22 Q. And as you sit here now, you have no</p> <p>23 criticisms of Dr. Harrell, correct?</p> <p>24 A. I would never have a criticism of a</p> <p>25 known -- a known possible risk --</p>
<p style="text-align: right;">Page 119</p> <p>1 there was any technical error by Dr. Harrell and how</p> <p>2 he placed the TVT?</p> <p>3 A. I don't have --</p> <p>4 MS. KABBASH: Objection.</p> <p>5 THE WITNESS: I don't say that in my</p> <p>6 report. But you're asking me what my opinions are,</p> <p>7 and that's my opinion.</p> <p>8 BY MR. SLATER:</p> <p>9 Q. You told me earlier your report</p> <p>10 contained each of your opinions, right?</p> <p>11 A. Yes.</p> <p>12 Q. So now you have a new opinion that</p> <p>13 Dr. Harrell committed a technical error in how he</p> <p>14 placed the mesh?</p> <p>15 A. I never said that Dr. Harrell --</p> <p>16 you're mincing my words.</p> <p>17 I never said he committed a technical</p> <p>18 error. I said it's a technical placement of the</p> <p>19 sling, where the sling can be too thin underneath</p> <p>20 the vaginal -- underneath the vaginal wall. And</p> <p>21 that is something that we all know about when we</p> <p>22 place slings, it's warned about in the IFU.</p> <p>23 Q. It's warned about in the IFU that a</p> <p>24 superficial placement of the mesh can lead to an</p> <p>25 erosion?</p>	<p style="text-align: right;">Page 121</p> <p>1 MR. SLATER: Move to strike.</p> <p>2 THE WITNESS: -- of a complication of</p> <p>3 a --</p> <p>4 MS. CRAWFORD: You have to let her</p> <p>5 finish. You can move to strike all you want to, but</p> <p>6 you've got to let her finish her answer.</p> <p>7 MR. SLATER: I just want an answer to</p> <p>8 my question. We're never getting out of here, by</p> <p>9 the way, that's the answer to that. We will be</p> <p>10 eating dinner in New York tonight.</p> <p>11 MS. KABBASH: Fine. Just wait until</p> <p>12 she gets to the end of her answer before you do</p> <p>13 whatever.</p> <p>14 BY MR. SLATER:</p> <p>15 Q. As you sit here now, you have no</p> <p>16 criticisms of Dr. Harrell, correct?</p> <p>17 A. Right.</p> <p>18 Q. If mesh is placed thinly or</p> <p>19 superficially, for the mesh to become exposed into</p> <p>20 the vagina, it has to come through the vaginal wall,</p> <p>21 correct?</p> <p>22 A. Yes.</p> <p>23 Q. As you sit here now, in this case,</p> <p>24 you have no indication that Dr. Harrell placed the</p> <p>25 mesh thinly or superficially? There's no indication</p>



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<p style="text-align: right;">Page 122</p> <p>1 in his operative report? There's no indication in  2 the findings after the surgery? There's nothing  3 that indicates that, correct?  4 A. Only that it happened.  5 Q. Mesh exposure, as occurred in Mrs.  6 Corbet, can happen even if the mesh is not placed  7 superficially or thinly, correct?  8 A. I disagree with that statement.  9 Q. You think that's the only way that  10 can happen?  11 A. Yes.  12 Q. Really?  13 A. I think it's -- in that area, in the  14 lateral sulcus, it's just too thin. And that's what  15 I believe.  16 Q. You believe that if the mesh was  17 placed at a depth that you think is the depth it  18 should be at, that it couldn't erode through the  19 vaginal wall and be exposed?  20 A. Right.  21 Q. Have you ever treated a mesh exposure  22 in the lateral sulcus where the arms are?  23 A. Yes.  24 Q. You didn't know whether the mesh was  25 placed superficially or not at that time, did you?</p>	<p style="text-align: right;">Page 124</p> <p>1 different and every surgery is different, correct?  2 MS. KABBASH: Objection.  3 THE WITNESS: Yes. And it's warned  4 about.  5 MR. SLATER: Move to strike from  6 "and" forward.  7 BY MR. SLATER:  8 Q. It's your testimony that it's -- you  9 believe that the mesh was placed closer to the  10 surface than -- rephrase.  11 You're telling me that you think the  12 mesh was placed thinly below the surface of the  13 vaginal wall and that's why it became exposed,  14 correct?  15 A. Yes.  16 Q. Do you have an opinion, to a  17 reasonable degree of medical certainty, of how it  18 was that the mesh got from behind the wall to the  19 vaginal side of the wall so that it was exposed?  20 MS. KABBASH: Objection.  21 THE WITNESS: When we place mesh too  22 thinly and we slit the thickness of the vaginal  23 wall, mesh is more likely to become exposed. That's  24 why we all know, in our training, and we're all  25 trained to do these procedures now, that we need to</p>
<p style="text-align: right;">Page 123</p> <p>1 A. Yes.  2 Q. How did you know?  3 A. Because it had exposed.  4 Q. So you think the only way mesh can  5 become exposed, where the arms are located, is  6 because it's placed thinly?  7 A. Yes.  8 Q. Do you know what Ethicon thinks about  9 that?  10 A. I'm not really interested in what  11 Ethicon thinks about that. I'm interested in what I  12 know and what I've talked to about my colleagues  13 with.  14 Q. Have you had erosions or exposures of  15 mesh that you put into a woman's body in the area  16 where Mrs. Corbet had the exposure?  17 A. Yes.  18 Q. So you placed it thinly in those  19 cases, right?  20 A. It's happened, yes.  21 Q. So even when one follows the TVTMM  22 Retropubic procedure exactly, as people are trained  23 on, and can be a very high-level surgeon, it can  24 happen that it can be placed at different depths;  25 that just can happen because everyone's body is</p>	<p style="text-align: right;">Page 125</p> <p>1 do full thickness placement of the mesh.  2 MR. SLATER: Move to strike.  3 BY MR. SLATER:  4 Q. I'm not asking about the effect of  5 the mesh being exposed. I'm talking about in Mrs.  6 Corbet's case, what occurred. So let me start  7 again.  8 In Mrs. Corbet's case, are you  9 offering an opinion, to a reasonable degree of  10 medical probability, of the mechanism by which the  11 mesh came through the vaginal wall?  12 A. I'm offering my -- my opinion that it  13 was either placed too thinly, if it wasn't already  14 placed at that level to begin with, as by the  15 granulation tissue he saw within the first month or  16 two after examining her.  17 Q. Meaning the granulation tissue being  18 related to the mesh?  19 A. Possibly, because it was placed too  20 thinly.  21 Q. And what about the mesh causes the  22 granulation tissue?  23 A. The granulation tissue is just a sign  24 of wound healing, and that there was something about  25 that area where there may have been an exposure.</p>

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<p style="text-align: right;">Page 126</p> <p>1 Q. Granulation tissue can be a precursor 2 to an erosion, correct? 3 A. It could be, yes. But not an 4 erosion, an exposure. 5 Q. I'm going to try this one more time. 6 Do you have an opinion, as you sit 7 here now, as to the mechanism by which the mesh came 8 through the vaginal wall and was exposed into the 9 vagina? 10 MS. KABBASH: Objection. 11 BY MR. SLATER: 12 Q. What actually occurred such that the 13 mesh, which was behind the vaginal wall, was then 14 not behind the vaginal wall? Do you have an opinion 15 as to what occurred? 16 A. If it was behind the vaginal wall to 17 begin with, it was placed so thinly that that small 18 amount of vaginal wall that was over the mesh was 19 unable to live long enough, so that the mesh would 20 expose. 21 That's my opinion. And that's how 22 mesh exposures happen. 23 Q. When Dr. Harrell observed, on 24 physical exam, a normal vaginal mucosa, that would 25 indicate that there was no mesh exposed into the</p>	<p style="text-align: right;">Page 128</p> <p>1 arm exposed into the vagina and you didn't notice it 2 for months and months and months, that you had 3 placed it not even behind the vaginal wall? 4 MS. KABBASH: Objection. 5 THE WITNESS: It can sometimes be 6 very subtle. But, yes, it can happen. 7 BY MR. SLATER: 8 Q. Are you offering an opinion, to a 9 reasonable degree of medical probability, that Dr. 10 Harrell placed the mesh and it wasn't even behind 11 the vaginal wall to begin with? Are you actually 12 saying that's what occurred? 13 A. I am saying it's not out of the realm 14 of possibility. 15 Q. There's a lot of possibilities, 16 right? 17 A. Yes. 18 Q. One possibility is that Dr. Harrell 19 placed the mesh in accordance with the TVTMM 20 Retropubic procedure, followed the procedure 21 correctly, and the mesh came through the vagina, for 22 whatever reason was exposed into the vagina; it is 23 possible that he did the procedure as instructed, 24 correct? 25 A. It's unlikely.</p>
<p style="text-align: right;">Page 127</p> <p>1 vagina, right? 2 A. Assuming that he looked in that area, 3 yes. 4 MS. KABBASH: Objection. 5 BY MR. SLATER: 6 Q. You said something just before, 7 assuming the mesh was actually placed behind the 8 vaginal wall. Are you saying you think it may have 9 been actually placed where it was exposed into the 10 vagina from the beginning? Is that -- are you 11 actually offering that as a possibility? 12 A. It's not out of the realm of 13 possibility. 14 Q. So you're saying Dr. Harrell may have 15 placed the mesh, actually exposed into the vagina 16 with the left arm exposed into the vagina, and not 17 noticed that? 18 MS. KABBASH: Objection. 19 THE WITNESS: It's happened before. 20 BY MR. SLATER: 21 Q. Has it happened to you? 22 A. It's happened. 23 Q. Has it happened to you? 24 A. Yes, it's happened to me. 25 Q. You've actually placed a TVT with an</p>	<p style="text-align: right;">Page 129</p> <p>1 Q. When you place the mesh in your own 2 patients and it was thinly -- and it was thin, as 3 you called it, and it then came through the vaginal 4 wall, did you follow the TVT procedure? 5 A. Yes. 6 Q. So one can follow the TVT procedure 7 and the mesh can be placed thinly, even though you 8 followed the procedure correctly, right? 9 A. Yes. 10 Q. And when that happens, that increases 11 the risk of a mesh exposure into the vagina, 12 correct? 13 A. Right. So about 1 to 2 percent of -- 14 Q. I didn't ask you statistics. 15 MS. KABBASH: Hang on, Adam. Let -- 16 MR. SLATER: Are you actually asking 17 your expert to start throwing statistics at me right 18 now? 19 MS. KABBASH: I don't know what she's 20 about to say, because you didn't let her to finish. 21 So let her finish. 22 MR. SLATER: There wasn't even -- 23 there wasn't even a new question pending. 24 MS. KABBASH: You asked her when that 25 happens, that increases a risk of a mesh exposure</p>

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<p style="text-align: right;">Page 130</p> <p>1 into the vagina, correct?</p> <p>2 MR. SLATER: And she said right. And</p> <p>3 that was -- she answered the question.</p> <p>4 MS. KABBASH: And she was about to</p> <p>5 say something. So let her say it.</p> <p>6 MR. SLATER: Go ahead. I'll strike</p> <p>7 it.</p> <p>8 BY MR. SLATER:</p> <p>9 Q. Go ahead. Tell me statistics I</p> <p>10 didn't ask for.</p> <p>11 A. In about 1 to 2 percent of cases, we</p> <p>12 see mesh exposures in the vagina.</p> <p>13 Q. It's your testimony that the mesh</p> <p>14 exposure rate for the TVTMM Retropubic is 1 to 2</p> <p>15 percent?</p> <p>16 A. In experienced hands, over the</p> <p>17 long -- over the long-term data, yes; maybe as high</p> <p>18 as 3 percent.</p> <p>19 Q. Experienced hands.</p> <p>20 What does that mean?</p> <p>21 A. People who are following the</p> <p>22 procedure, who have been well trained to do the</p> <p>23 procedure, after their learning curve, will have</p> <p>24 about between a 1 and 3 percent rate of mesh</p> <p>25 exposure. And that's probably what I see in my own</p>	<p style="text-align: right;">Page 132</p> <p>1 A. Which pathologist is this?</p> <p>2 Q. Whoever looked at the pathology that</p> <p>3 was taken from the surgery by Dr. Smith.</p> <p>4 That's what the hospital pathologist</p> <p>5 saw, right?</p> <p>6 A. The hospital pathology? Do I have</p> <p>7 that report? I know that's in my --</p> <p>8 MS. KABBASH: It's in your --</p> <p>9 BY MR. SLATER:</p> <p>10 Q. On Page 14 of your report --</p> <p>11 A. Okay.</p> <p>12 Q. -- it says, The pathology report</p> <p>13 references skin and fibroadipose tissue with mesh</p> <p>14 and associated foreign body giant cell reaction and</p> <p>15 chronic inflammation.</p> <p>16 A. Right. Okay. Exactly.</p> <p>17 Q. That's what was found by the</p> <p>18 pathologist at Penn, right?</p> <p>19 A. Right.</p> <p>20 Q. And that's consistent with a chronic</p> <p>21 foreign body reaction and a chronic inflammatory</p> <p>22 response, correct?</p> <p>23 A. Okay.</p> <p>24 Q. Is that correct?</p> <p>25 A. That's correct.</p>
<p style="text-align: right;">Page 131</p> <p>1 practice.</p> <p>2 MR. SLATER: I move to strike.</p> <p>3 BY MR. SLATER:</p> <p>4 Q. Was Dr. Harrell an -- were his hands</p> <p>5 experienced hands?</p> <p>6 A. I assume he was. He's done a fair</p> <p>7 amount of slings.</p> <p>8 Q. I saw in your report you said you're</p> <p>9 not a pathologist, but you looked at the pathology</p> <p>10 report.</p> <p>11 Are you -- is that basically saying,</p> <p>12 I'm not an expert in pathology but I can tell you</p> <p>13 what I think this means?</p> <p>14 A. Yes.</p> <p>15 MS. KABBASH: Objection.</p> <p>16 THE WITNESS: I'm not a pathologist.</p> <p>17 BY MR. SLATER:</p> <p>18 Q. Do you know whether or not a foreign</p> <p>19 body giant cell reaction is an indication of a</p> <p>20 chronic foreign body reaction?</p> <p>21 A. I believe that that's what a chronic</p> <p>22 foreign body reaction definition is.</p> <p>23 Q. The pathologist found a foreign body</p> <p>24 giant cell reaction and chronic inflammation in the</p> <p>25 tissue that was removed with the mesh, correct?</p>	<p style="text-align: right;">Page 133</p> <p>1 Q. On August 19, 2013 -- I'm just</p> <p>2 walking through your report.</p> <p>3 On Page 15, you say, Physical exam</p> <p>4 showed tenderness in the left fornix of the vagina</p> <p>5 without exposed mesh or erythema.</p> <p>6 Right?</p> <p>7 A. Yes.</p> <p>8 Q. That's where the mesh had been</p> <p>9 removed, correct?</p> <p>10 A. Presumably, but I can't be sure.</p> <p>11 Q. That's the area where you found</p> <p>12 tenderness on your exam, correct?</p> <p>13 A. That's the area that I found</p> <p>14 tenderness on my exam.</p> <p>15 Q. The TVT procedure that Mrs. Corbet</p> <p>16 had, that can make one's urge incontinence more</p> <p>17 refractory to treatment than it was before the</p> <p>18 procedure, correct?</p> <p>19 MS. KABBASH: Objection.</p> <p>20 THE WITNESS: Can you repeat that</p> <p>21 question?</p> <p>22 BY MR. SLATER:</p> <p>23 Q. You know what refractory to treatment</p> <p>24 means, right? It means it's harder to treat, right?</p> <p>25 A. Uh-huh.</p>

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<p style="text-align: right;">Page 134</p> <p>1 Q. The TVT procedure Mrs. Corbet had can 2 make an urge incontinence condition more refractory 3 to treatment than it would have been, but for the 4 TVT procedure, correct? 5 A. No, I disagree with that. 6 Q. The TVT procedure could have 7 exacerbated or made Mrs. Corbet's urge incontinence 8 more persistent, it's possible, right? 9 A. I don't think there's any evidence of 10 that in the record. 11 Q. Mrs. Corbet's urge incontinence 12 persisted despite medications, correct? 13 A. She was -- she was helped by 14 medications significantly. It did not go away. But 15 we never tried medications before her sling 16 procedure, so we don't know whether it was 17 refractory then or not. 18 Q. Mrs. Corbet ultimately was 19 complaining of frequency, correct? 20 A. Right. But she was complaining of 21 that also before, urgency before -- 22 Q. I didn't say urgency -- 23 A. -- and the need to go to the 24 bathroom. 25 Q. -- I said frequency.</p>	<p style="text-align: right;">Page 136</p> <p>1 You keep saying, I mentioned urgency more than 2 frequency; and what I keep saying is, you didn't 3 mention frequency in your report as a condition Mrs. 4 Corbet had preoperatively; is that true? 5 A. It's probably true that I didn't say 6 the word "frequency." 7 Q. In your report, you talked about the 8 extent to which complaints by Mrs. Corbet were 9 either made or documented, with various positions as 10 she went through her care after the mesh was 11 removed, right? 12 A. Yes. 13 Q. As you sit here now, am I correct, 14 you're not disputing that Mrs. Corbet has had 15 dyspareunia from after the surgery by Dr. Smith up 16 to the present? You're not disputing that, are you? 17 A. No. 18 Q. The pelvic hematoma that she had, 19 that likely resulted from the TVT procedure, right? 20 A. It's possible that that's what caused 21 it, yes. 22 Q. Based on the location of where it was 23 found on the MRI and the CT guided percutaneous 24 drainage, it's in the proximity -- direct proximity 25 to the TVT arm, isn't it?</p>
<p style="text-align: right;">Page 135</p> <p>1 Frequency is different than urgency, 2 right? 3 A. Yes. They often go hand-in-hand. 4 Q. They often do. But Mrs. Corbet 5 didn't complain of frequency before her TVT surgery, 6 did she? 7 A. Not entirely sure about that. I know 8 she complained of urgency and overactive bladder 9 symptoms. 10 Q. Is there any indication in your 11 report that Mrs. Corbet had frequency before the TVT 12 procedure? 13 A. More urgency. 14 Q. You don't mention frequency 15 preoperatively, do you? 16 A. More urgency than frequency. 17 Q. It's simple. 18 You don't mention frequency before 19 the TVT procedure, do you? 20 MS. KABBASH: Objection. 21 THE WITNESS: I probably mention 22 urgency more than frequency, because that's what she 23 was complaining of more. 24 BY MR. SLATER: 25 Q. You understand what you're doing.</p>	<p style="text-align: right;">Page 137</p> <p>1 A. It's in the retropubic space where 2 the TVT would have traversed. 3 Q. It's actually in the left part of 4 that space adjacent to the where the arm was, 5 correct? 6 A. Right. 7 Q. The same arm that eroded, correct? 8 A. It was on the same side as the -- as 9 the exposure. 10 Q. It's actually adjacent to that spot, 11 right? 12 A. It's on the same side as the -- the 13 hematoma and the exposure were both on her left 14 side. Whether they are correlated or connected or 15 not, I cannot say. 16 Q. Based on the description of the size 17 and location of the hematoma, it likely was adjacent 18 to and touching the mesh, right? 19 A. Possibly, yeah. 20 Q. Based on the location and size of the 21 hematoma, as described on the diagnostic studies, 22 the mesh and the placement of the mesh likely caused 23 that hematoma to form, correct? 24 A. The procedure -- 25 MS. KABBASH: Objection.</p>

35 (Pages 134 to 137)

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<p style="text-align: right;">Page 138</p> <p>1 THE WITNESS: -- of doing a  2 retropubic sling can cause a hematoma. So that  3 procedure itself could have caused the hematoma,  4 yes.  5 BY MR. SLATER:  6 Q. Most likely, that's the cause, right?  7 A. The procedure of doing the retropubic  8 sling, sure, could have caused a hematoma.  9 Q. Well, most likely that is the cause,  10 right?  11 A. Most likely.  12 Q. And they only retropubic sling she  13 had placed was the TVT/M Retropubic, right?  14 A. That's right. That's the procedure  15 that she had performed to treat her stress  16 incontinence.  17 Q. In your report, you talk about  18 treating -- and this is on Page 29 of your  19 case-specific report we've marked as Exhibit-5.  20 A. Case specific.  21 Q. Page 29, Exhibit-5. I just want to  22 ask you about something.  23 A. Sure.  24 Q. You talk about patients having mesh  25 exposure and complaining of dyspareunia, and then</p>	<p style="text-align: right;">Page 140</p> <p>1 different site, correct?  2 A. It was in the left lateral sulcus,  3 which is not where the incision would have been.  4 Q. You indicate that TVTs are not  5 difficult to remove in most cases. I want to ask  6 you about that.  7 Are you talking about complete  8 removal of the entire device?  9 A. For the vaginal portion all the way  10 up to the retropubic space, it's quite easy to  11 remove the TVT.  12 Q. This is what -- I want to understand  13 vocabulary right now.  14 You say TVTs are not difficult to  15 remove in most cases. When you say that, are you  16 talking about the entire TVT?  17 A. I can take out the entire TVT. I  18 don't find it very difficult.  19 Q. How many times have you removed an  20 entire TVT device from a patient?  21 A. I haven't had to remove an entire TVT  22 in more than maybe one -- one or two patients in my  23 entire career.  24 Q. You indicate, Dissecting it gently  25 off the surrounding tissues can be accomplished, in</p>
<p style="text-align: right;">Page 139</p> <p>1 when the exposed portion of the sling is removed,  2 you've had patients who have resolution of their  3 dyspareunia after that removal.  4 You're talking about that in your  5 practice, right? That's what you're describing?  6 A. If dyspareunia is caused by an  7 exposure, usually when you remove the exposure, the  8 dyspareunia goes away.  9 Q. You say, I have witnessed this  10 repeatedly in my own practice.  11 When you say the word "repeatedly,"  12 how many times are we talking about? That sounds  13 like a lot.  14 A. When I --  15 MS. KABBASH: Objection.  16 THE WITNESS: When I have had a mesh  17 exposure and I've removed the mesh exposure, and I  18 can't give you a number on how many that is, it's  19 not a great number, but it's enough that I can say  20 with great certainty, that when you remove the  21 exposure, if that's what is causing the dyspareunia,  22 the dyspareunia will become better.  23 BY MR. SLATER:  24 Q. The exposure of mesh in Mrs. Corbet  25 was not at the site of the incision, it was at a</p>	<p style="text-align: right;">Page 141</p> <p>1 most cases, quickly and without injury.  2 How many times have you done that?  3 A. I've probably done about ten or so --  4 between five and ten a year, removal of TVTs.  5 Q. Is that your patients only or other  6 people's patients, too?  7 A. It's a combination. It's more  8 others, but it's a combination.  9 Q. Five to ten per year for how many  10 years?  11 A. Ten years.  12 Q. So 50 to 100?  13 A. Okay.  14 Q. You say that gently -- rephrase.  15 You say that you can dissect it  16 gently off the surrounding tissues. That can be  17 accomplished, in most cases, quickly and without  18 injury, which means that in some cases that cannot  19 be accomplished quickly and without injury, correct?  20 A. In some cases, right.  21 Q. In some cases, the removal of some  22 portion of the mesh can be very difficult and can be  23 morbid surgery, correct?  24 A. I would never say that it's morbid  25 surgery. It's just more difficult in some cases.</p>



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<p style="text-align: right;">Page 142</p> <p>1 If it was ever imbedded in a place where it couldn't  2 be reached, it would be harder to get it out.  3 But I can't say that I've ever had a  4 case where I haven't been able to get it out.  5 Q. You say, at the very bottom of the  6 page, When removed properly and entirely, the risk  7 of further exposure is unlikely, allowing sexual  8 comfort to return to normal.  9 Are you talking about -- when you say  10 "entirely," are you saying the entire mesh, all the  11 mesh in the body?  12 A. Well, usually, I'm referring to just  13 the vaginal portion up to the retropubic space. It  14 depends on what type of sling you're referring to.  15 Q. So this part of your report is not  16 limited to the TVTMM Retropubic?  17 A. Well, you're asking me in general.  18 But if we're talking about the TVTMM Retropubic  19 specifically, we don't usually go above the pubic  20 bone to get the sling out.  21 Q. This report is your specific report  22 on Mrs. Corbet. So you're talking about the TVTMM  23 Retropubic, right?  24 A. Yes.  25 Q. In Mrs. Corbet, mesh is still in her</p>	<p style="text-align: right;">Page 144</p> <p>1 MR. SLATER: Move to strike.  2 BY MR. SLATER:  3 Q. Mrs. Corbet has a risk of mesh  4 exposure or mesh erosion from the remaining mesh in  5 her body, going forward?  6 MS. KABBASH: Objection.  7 BY MR. SLATER:  8 Q. That risk does exist, is that a  9 correct statement; yes or no?  10 MS. KABBASH: Objection.  11 THE WITNESS: It's extremely  12 unlikely, counselor.  13 MR. SLATER: Move to strike.  14 BY MR. SLATER:  15 Q. I'm asking for a yes or no. I'm not  16 asking for percentages. I'm not asking for your  17 intuition and on whether it's going to happen or  18 not. I'm not -- that's not what I'm asking for.  19 So here is my question: Mrs. Corbet  20 has a risk of mesh exposure or mesh erosion from the  21 remaining mesh in her body, going forward; is that a  22 true statement, that a risk exists?  23 MS. KABBASH: Same objection.  24 THE WITNESS: If I say yes to that, I  25 just want to qualify that that is extremely</p>
<p style="text-align: right;">Page 143</p> <p>1 body, correct?  2 A. A small part on the right side and  3 maybe up in the retropubic space, deeply, on the  4 left side.  5 Q. Even on the left side, you can't tell  6 me that there's no mesh, either mesh fibers or  7 portions of mesh, left inside of her?  8 A. Above -- in the retropubic space,  9 there probably is some, yes.  10 Q. Even where the left arm was operated,  11 on, it's certainly possible that there are some mesh  12 fibers or mesh material that was left behind,  13 correct?  14 MS. KABBASH: Objection.  15 THE WITNESS: Probably. But it  16 wouldn't have any clinical significance in her.  17 MR. SLATER: Move to strike from  18 "but" forward.  19 BY MR. SLATER:  20 Q. Mrs. Corbet does have a risk -- I'm  21 sorry.  22 Mrs. Corbet does have a risk of mesh  23 exposure or mesh erosion from the remaining mesh  24 going forward; that's a risk that exists, correct?  25 A. It's an infinitesimal risk.</p>	<p style="text-align: right;">Page 145</p> <p>1 unlikely.  2 MR. SLATER: Move to strike.  3 BY MR. SLATER:  4 Q. Am I correct that Mrs. Corbet has a  5 risk of mesh exposure or mesh erosion from the  6 remaining mesh in her body, going forward?  7 MS. KABBASH: Objection.  8 BY MR. SLATER:  9 Q. Is that a true statement that a risk  10 exists, going forward; yes or no?  11 MS. KABBASH: Objection. Asked and  12 answered.  13 THE WITNESS: I will not say yes  14 without qualifying that it is extremely unlikely. I  15 can't say -- then I'll just say, no, it's unlikely.  16 It's not going to happen. I don't believe it's  17 going to happen.  18 Because -- and I'm going to tell you  19 why.  20 BY MR. SLATER:  21 Q. I haven't asked you. I mean, let me  22 tell you how this works. I'm moving to strike what  23 you just did. I'm going to ask to preclude your  24 testimony at trial for not being willing to answer a  25 very simple question. It hasn't been asked and</p>

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<p style="text-align: right;">Page 146</p> <p>1 answered.</p> <p>2 I don't care --</p> <p>3 MS. KABBASH: Four times, actually.</p> <p>4 MR. SLATER: It actually has not</p> <p>5 been, Maha.</p> <p>6 MS. KABBASH: It has.</p> <p>7 MR. SLATER: What the doctor is doing</p> <p>8 is telling me a qualification on a yes or no that</p> <p>9 I've asked for.</p> <p>10 MS. KABBASH: She is absolutely</p> <p>11 entitled to explain to you why she cannot answer</p> <p>12 your question.</p> <p>13 MR. SLATER: When you question her.</p> <p>14 MS. KABBASH: She is absolutely --</p> <p>15 MR. SLATER: She can't --</p> <p>16 MS. KABBASH: -- entitled to explain</p> <p>17 why she cannot answer it as a yes or no. That's</p> <p>18 precisely what she did, and she's entitled to do</p> <p>19 that.</p> <p>20 BY MR. SLATER:</p> <p>21 Q. Doctor, what you're doing is refusing</p> <p>22 to answer my question?</p> <p>23 MS. KABBASH: That's not true.</p> <p>24 MS. CRAWFORD: That's not what she's</p> <p>25 doing.</p>	<p style="text-align: right;">Page 148</p> <p>1 A. Yes, but no more than anybody else</p> <p>2 that has a sling in their body.</p> <p>3 MR. SLATER: Move to strike from</p> <p>4 "but" forward.</p> <p>5 BY MR. SLATER:</p> <p>6 Q. You say, on Page 36, It is not the</p> <p>7 role or responsibility of medical device companies</p> <p>8 which manufacture products to create surgical</p> <p>9 alternatives for patients.</p> <p>10 Do you stand by that statement?</p> <p>11 A. Yes.</p> <p>12 Q. So if this jury were to find that</p> <p>13 Ethicon, a medical device company that manufactures</p> <p>14 products, actually set out to create surgical</p> <p>15 alternatives for patients to market to doctors and</p> <p>16 get doctors to want to use their product, that's not</p> <p>17 their role, according to what you said here, right?</p> <p>18 MS. KABBASH: Objection.</p> <p>19 THE WITNESS: If I clarify that</p> <p>20 statement, it's not their role to offer a Burch</p> <p>21 colposuspension or autologous facial sling to a</p> <p>22 patient. And that's what that paragraph is about.</p> <p>23 BY MR. SLATER:</p> <p>24 Q. Really? Where does it say that?</p> <p>25 MS. KABBASH: What page are you on?</p>
<p style="text-align: right;">Page 147</p> <p>1 BY MR. SLATER:</p> <p>2 Q. You are.</p> <p>3 A. I answered your question.</p> <p>4 Q. No, you didn't.</p> <p>5 A. I said that yes, but that it's</p> <p>6 extremely unlikely, and that's the only way that</p> <p>7 I'll say yes --</p> <p>8 Q. All right. Well, I'm not asking</p> <p>9 you --</p> <p>10 A. And I'll tell you why -- what that's</p> <p>11 based on.</p> <p>12 Q. Honestly, I've read your report. It</p> <p>13 doesn't matter to me. I'm trying to move through a</p> <p>14 deposition. If they want to ask you whether it's</p> <p>15 likely or not, the two lawyers to your right will</p> <p>16 ask you that question when they get to question you,</p> <p>17 or they'll put you on the witness stand and you can</p> <p>18 then tell the jury all the reasons why she's never</p> <p>19 going to have a mesh erosion, in your opinion. You</p> <p>20 can do whatever you want. I just want to get a</p> <p>21 simple answer to a simple question, okay?</p> <p>22 Do you agree with me that Mrs. Corbet</p> <p>23 has a risk of exposure or erosion in the future from</p> <p>24 the mesh that remains inside her body, going</p> <p>25 forward? Is there a risk; yes or no?</p>	<p style="text-align: right;">Page 149</p> <p>1 BY MR. SLATER:</p> <p>2 Q. Where do you say that? Where did you</p> <p>3 talk about a Burch colposuspension, Doctor?</p> <p>4 MS. KABBASH: Which page are you on,</p> <p>5 Adam?</p> <p>6 MR. SLATER: 36.</p> <p>7 MS. KABBASH: Of which report, the</p> <p>8 general or --</p> <p>9 MR. SLATER: The same one I've been</p> <p>10 asking about the last 20 minutes, Number 5. The</p> <p>11 case-specific report.</p> <p>12 THE WITNESS: I was -- I was</p> <p>13 referring to Dr. Rosenzweig's testimony that she</p> <p>14 could have had a Burch colposuspension or autologous</p> <p>15 fascial sling, which is what I talk about in the</p> <p>16 paragraph above that.</p> <p>17 BY MR. SLATER:</p> <p>18 Q. Really? What --</p> <p>19 A. Available to Ethicon such as a Burch</p> <p>20 procedure or autologous fascial sling, or other</p> <p>21 meshes. That's in Number 4.</p> <p>22 Q. A medical device company shouldn't be</p> <p>23 out there trying to influence what the standard of</p> <p>24 care is, should they?</p> <p>25 A. No.</p>

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<p style="text-align: right;">Page 150</p> <p>1 MS. KABBASH: Objection.  2 THE WITNESS: They shouldn't be.  3 BY MR. SLATER:  4 Q. They shouldn't set out to set a  5 standard of care, should they?  6 MS. KABBASH: Objection.  7 THE WITNESS: No, they should be out  8 to provide the best product that they can, the  9 safest product and most efficacious product to  10 women.  11 BY MR. SLATER:  12 Q. Should a medical device company like  13 Ethicon be paying doctors and then carefully  14 watching them, when they go to professional society  15 meetings, to make sure that they're only giving  16 positive information about the product that they  17 want them to promote?  18 MS. KABBASH: Objection.  19 THE WITNESS: I am not sure what  20 you're referring to there.  21 BY MR. SLATER:  22 Q. Should Ethicon have their marketing  23 and salespeople at professional society meetings,  24 like AUGS, and talking to their paid consultants who  25 are going to speak at those meetings, to make sure</p>	<p style="text-align: right;">Page 152</p> <p>1 BY MR. SLATER:  2 Q. You put yourself out as an expert.  3 So I'm asking all these questions as an expert  4 witness.  5 You want to walk into a courtroom and  6 say, I'm an expert witness, and I stand in front of  7 Ethicon and say Ethicon did the right thing? Isn't  8 that what you're doing?  9 MS. KABBASH: Objection.  10 THE WITNESS: Yes.  11 BY MR. SLATER:  12 Q. So if Ethicon went out and had their  13 paid doctors at professional meetings, like AUGS,  14 and actually were making sure they stayed on a  15 positive message about the TVT when talking about  16 doctors when they were trying to promote that and  17 make that the standard treatment people would want  18 to use in your field, you're okay with that?  19 MS. KABBASH: Objection. Asked and  20 answered.  21 THE WITNESS: You're --  22 BY MR. SLATER:  23 Q. Are you okay with that?  24 A. I'm only okay because you're  25 presuming that doctors will say things and do things</p>
<p style="text-align: right;">Page 151</p> <p>1 they stay on message with a positive message about  2 their products? Should that be going on?  3 MS. KABBASH: Objection.  4 THE WITNESS: I'm not going to speak  5 to what Ethicon does or what Ethicon should be  6 doing. It doesn't matter to me.  7 BY MR. SLATER:  8 Q. Okay. So if Ethicon did that, you  9 don't care?  10 A. It doesn't -- it doesn't affect me or  11 influence me if Ethicon is there or paying people to  12 speak. That doesn't matter, they're a company.  13 Q. Doctor, you've put yourself in this  14 case as a paid expert witness for Ethicon.  15 Do you understand that?  16 A. Yes.  17 MS. KABBASH: Objection.  18 BY MR. SLATER:  19 Q. So do you understand that whether  20 something matters to you as a person when you walk  21 out of being an expert is not what I am asking  22 about?  23 This is you --  24 MS. KABBASH: Actually, it's exactly  25 what you're asking.</p>	<p style="text-align: right;">Page 153</p> <p>1 because they're paid to do it, and not because  2 they --  3 Q. You don't think that goes on?  4 A. I have to believe that in my  5 professional society, that doctors have minds of  6 their own and they are looking at the literature  7 objectively, they're looking at their patients  8 objectively and what's best for their patients.  9 Q. Are you -- if I could show you a  10 document that showed that Ethicon actually was  11 telling the doctors that they pay to make sure they  12 stay with positive messages about the TVT at a  13 professional society meeting, would you be perfectly  14 fine with that?  15 A. I would never do a product --  16 Q. I didn't ask --  17 A. -- that I didn't think it was right  18 for a patient because a doctor had told me that.  19 Q. That's you. That's great.  20 MR. SLATER: Move to strike.  21 BY MR. SLATER:  22 Q. Would you be okay with that?  23 MS. KABBASH: Objection.  24 BY MR. SLATER:  25 Q. I just want to know if you think it's</p>

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<p style="text-align: right;">Page 154</p> <p>1 a good thing to do or if you think maybe it's a 2 little unsavory. Whatever you want to say. If you 3 think it's fine, say it's good. I don't care. Just 4 tell me. 5 A. I don't -- 6 MS. KABBASH: Objection. And by the 7 way, beyond the scope of the opinions -- 8 THE WITNESS: I can't comment -- 9 MS. KABBASH: -- in the expert 10 report. 11 THE WITNESS: -- on the practice of 12 the company. I can just tell you I think that 13 doctors make decisions based on their clinical 14 experience, on their training and review literature; 15 and most of us don't pay a lot of attention to what 16 a medical company tells us. 17 BY MR. SLATER: 18 Q. You made some comments in your report 19 about Dr. Smith saying she didn't see evidence of 20 either excessive contraction or excessive vaginal 21 scarring. 22 You know you talked about that? 23 MS. KABBASH: What page are you on 24 again? 25 MR. SLATER: It's all over. She</p>	<p style="text-align: right;">Page 156</p> <p>1 contraction. 2 Q. Was she asked if she felt banding? 3 A. Yes, I believe she was. I'd have to 4 go back to the deposition to look at that for sure. 5 Q. Did Dr. Smith actually inspect the 6 mesh for the purpose of determining whether there 7 was excessive contraction after she explanted it? 8 Did she actually study it for that purpose? 9 MS. KABBASH: Objection. 10 THE WITNESS: I'm not sure what she 11 studied in the operating room. You'd have to ask 12 her that. 13 BY MR. SLATER: 14 Q. Did you read the IFU when you started 15 using the TVTMM Retropubic? 16 A. Probably in the very beginning when 17 we first started using it. 18 Q. Did you believe what you read in the 19 IFU? 20 A. I don't recall reading the IFU back 21 then as well as I would like to. But I don't recall 22 not thinking that there was something in there that 23 was problematic. 24 Q. Stress urinary incontinence is not 25 debilitating for all women, is it?</p>
<p style="text-align: right;">Page 155</p> <p>1 talked about it several times. It's on Page 37, for 2 example. 3 MS. KABBASH: Okay. 4 THE WITNESS: Okay. 5 BY MR. SLATER: 6 Q. What did Dr. Smith do to determine 7 whether there was excessive contraction of the mesh? 8 How did she study the mesh to determine that? 9 MS. KABBASH: Objection. 10 THE WITNESS: This is before the mesh 11 was excised? 12 BY MR. SLATER: 13 Q. I don't care. Either before or 14 after. 15 What did Dr. Smith do to determine 16 whether there was excessive contraction? 17 A. Well, contraction is something I 18 would assume that you could feel, banding or 19 something underneath the vaginal wall. 20 So if she said she didn't feel that, 21 that's probably why she made that statement. But 22 you'd have to ask Dr. Smith that to be sure. 23 Q. Was she asked if she felt banding? 24 A. She was asked if she felt the 25 contraction -- she said she doesn't feel excessive</p>	<p style="text-align: right;">Page 157</p> <p>1 A. Not for all women, but for many. 2 MR. SLATER: Move to strike from 3 "but" forward. 4 BY MR. SLATER: 5 Q. One thing I forgot to ask you about. 6 Do you use any Ethicon prolapse 7 devices? 8 A. I have. 9 Q. You don't currently? 10 A. No. 11 Q. Why not? 12 A. I used a lot of PROLIFT® when it was 13 out. But I haven't used PROLIFT® since it was 14 discontinued. 15 Q. Did you use the PROLIFT®+M at all? 16 A. Yes. 17 Q. When the PROLIFT®+M came out, did you 18 start to use the PROLIFT®+M rather than the 19 PROLIFT®? 20 A. I believe I did. 21 Q. You transitioned to that? 22 A. I did. 23 Q. And why did you do that? 24 A. I can't tell you the exact reason. 25 In the end, I actually didn't see a big difference</p>

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<p style="text-align: right;">Page 158</p> <p>1 between the meshes. But that's -- that's what we 2 started stocking on the shelves, the PROLIFT®+M. 3 Q. You don't remember why you 4 transitioned from the PROLIFT® to the PROLIFT®+M? 5 A. I wanted to try it. And it was very 6 good, so I stuck with it. But in the end, I don't 7 think my outcomes were any different. 8 Q. Why did you try the PROLIFT®+M? What 9 about it did you think could be a benefit? 10 A. I liked the idea that it was 11 partially absorbable for prolapse. 12 Q. Why did you think that was good? 13 A. I don't know. Less mesh sounded 14 good. 15 Q. You would agree with me the less mesh 16 you need to use, the better, right? 17 A. Not necessarily, because I just told 18 you that I didn't see a big difference in my 19 prolapse repairs between using +M and not using +M. 20 It's more of a theoretical thought than anything 21 else that translates into clinical outcomes. 22 Q. So you didn't think the PROLIFT®+M 23 was any better than the PROLIFT®? 24 A. No, not in clinical outcomes that I 25 saw. I didn't see a big difference.</p>	<p style="text-align: right;">Page 160</p> <p>1 as being beyond the scope. 2 MR. SLATER: And I'm not going to 3 stop asking it. 4 MS. KABBASH: It's your time. 5 BY MR. SLATER: 6 Q. Do you consider yourself to be an 7 expert with regard to the technical terminology of 8 heavyweight and lightweight mesh, in terms of what 9 is heavyweight and what is lightweight? 10 A. An expert? 11 Q. Yes. 12 A. I'm not a medical materials expert, 13 so no. 14 - - - 15 (Whereupon, Exhibit Fleischmann-8, 16 December 2007 E-mails, was marked for 17 identification.) 18 - - - 19 BY MR. SLATER: 20 Q. I've handed you what I've marked as 21 Exhibit-8, which is a couple e-mails from December 22 2007. 23 Do you see the bottom e-mail is an 24 e-mail from Jeff Potkul to you? 25 A. Yes.</p>
<p style="text-align: right;">Page 159</p> <p>1 Q. Why don't you use the PROLIFT®+M 2 anymore? 3 A. That's been discontinued. 4 Q. Do you know why? 5 A. You'd have to ask Ethicon that. 6 Q. You never did? 7 A. I assume it has something to do with 8 all the medical litigation that's going on. 9 Q. Did you ever ask them, why are you 10 not selling the PROLIFT®+M anymore, I've been using 11 it with my patients? 12 MS. KABBASH: Objection. 13 THE WITNESS: It was very sad, that I 14 could understand. 15 BY MR. SLATER: 16 Q. Did you ever ask anyone at Ethicon 17 why they stopped selling the PROLIFT®+M? 18 A. No, I never specifically asked anyone 19 at Ethicon that question. 20 MS. KABBASH: I'm going to object to 21 the entire line of questioning. 22 MR. SLATER: It goes to credibility 23 and bias. 24 MS. KABBASH: You can say whatever 25 you want about what it goes to, I'm still objecting</p>	<p style="text-align: right;">Page 161</p> <p>1 Q. And on December 21, 2007, Mr. Potkul 2 wrote to you and said, I dropped off a holiday gift 3 for you yesterday. Hope all is well and you're 4 enjoying the holiday season. We appreciate your 5 continued commitment to Ethicon women's health and 6 urology. 7 Do you see that? 8 A. Yes. 9 Q. Do you agree that you had a continued 10 commitment to Ethicon? 11 A. I didn't have a continued commitment 12 to Ethicon. I had a continued commitment to using 13 what I considered to be the best products for my 14 patients. 15 Q. What was the holiday gift that Jeff 16 Potkul left you? 17 A. I don't know. I'm very curious. I 18 don't remember it. Maybe it was a box of 19 chocolates. 20 Q. Mr. Potkul, on December 21, 2007, 21 says, Let me or General know -- and General was your 22 sales rep? 23 A. Yes. 24 Q. -- if you require any assistance in 25 completing the grant application General forwarded</p>



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<p style="text-align: right;">Page 162</p> <p>1 to you. If yes, I can get George Callen, my 2 manager, involved, since he has been involved in 3 this process before. 4 Do you know what that refers to? 5 A. I don't remember a grant application. 6 It's obviously something that never came through. 7 Q. Mr. Potkul, in his e-mail to you of 8 December 21, 2007, said, If local advertising is of 9 interest, let me know, since capital is budgeted for 10 it. 11 Do you see that? 12 A. Yes. 13 Q. Do you recall that? 14 A. Well, now that I see the e-mail. But 15 we never did any local advertisements. I was never 16 involved in anything like that. 17 It's nice for them to offer, though. 18 - - - 19 (Whereupon, Exhibit Fleischmann-9, 20 Co-op Program Funds Advertising Request, was marked 21 for identification.) 22 - - - 23 MR. SLATER: Exhibit-9. 24 BY MR. SLATER: 25 Q. What I've just given you as Exhibit-9</p>	<p style="text-align: right;">Page 164</p> <p>1 now. 2 Q. Good. 3 A. I think I wanted -- I think I was 4 asking if Ethicon could help contribute to our 5 fellowship program, because we were -- we needed 6 funding for our fellowship program; not to use the 7 products, but because -- but in the end, because I 8 spoke to the institution, that was never going to be 9 art of it. 10 Q. Ethicon couldn't give funding to the 11 hospitals that you worked at? 12 A. Right, right. They couldn't. 13 Q. Why not? 14 A. Because it's not allowed. 15 Q. By who? 16 A. The hospitals. 17 Q. They won't take money from a medical 18 device manufacturer? 19 A. No, they won't -- they will not. And 20 that's why. 21 Q. The hospitals you work with think it 22 unethical to take money from a medical device 23 manufacture? 24 MS. KABBASH: Objection. 25 THE WITNESS: It's not that it was</p>
<p style="text-align: right;">Page 163</p> <p>1 is a co-op advertising program funds request, which 2 we found in the records that were provided to us. 3 And on the second page it has -- seems to have been 4 filled out for you. 5 Do you see that? 6 A. Yes. 7 Q. Do you recall Ethicon offering to pay 8 for advertising for your medical practice? 9 A. I guess the reason I don't recall is 10 because we never did any advertising for my medical 11 practice. That's never happened. 12 Q. You don't recall them talking to you 13 about being willing to help advertise your medical 14 practice? 15 A. Maybe they did. But it just never 16 came through. We never did it. 17 Q. You responded to the December 21, 18 2007, e-mail from Jeff Potkul and said, Thank you 19 for the gift. I inquired about the grant and was 20 told that they did not give grants to individuals, 21 only institutions, so I don't know if that would 22 work for us. Remember, we spoke about PROLIFT® TVT 23 training programs? 24 Do you see that? 25 A. This is sort of coming back to me</p>	<p style="text-align: right;">Page 165</p> <p>1 unethical. But we were seeing -- there had been a 2 doctor, I guess, who had -- not from Ethicon, but 3 had gotten some funding, I think, for grants, grant 4 funding for research, and that could be put towards 5 the fellowship program. 6 It never manifested. It never went 7 anywhere. So that's why that was the case. 8 BY MR. SLATER: 9 Q. The hospitals that you worked at 10 would not accept -- 11 A. Monte -- 12 Q. -- funding from a medical device 13 manufacturer, correct? 14 A. Right. 15 MS. KABBASH: Dr. Fleischmann, I'm 16 just going to remind you to wait until Mr. Slater 17 gets to the end of his question. 18 BY MR. SLATER: 19 Q. You tell Jeff Potkul, Remember we 20 spoke about PROLIFT® TVT training programs. 21 And there you were talking about 22 wanting to participate in teaching PROLIFT® and TVT 23 to other doctors, right? 24 A. Yes. 25 Q. And you understood that Ethicon would</p>

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<p style="text-align: right;">Page 166</p> <p>1 pay you to do that, right?</p> <p>2 A. Right.</p> <p>3 - - -</p> <p>4 (Whereupon, Exhibit Fleischmann-10,</p> <p>5 November and December 2008 E-mails, was marked for</p> <p>6 identification.)</p> <p>7 - - -</p> <p>8 BY MR. SLATER:</p> <p>9 Q. This is Exhibit-10. Some e-mails in</p> <p>10 November and December of 2008.</p> <p>11 And starting out at the bottom,</p> <p>12 there's an e-mail from Melissa Doyle, northeast</p> <p>13 professional education manager, at Ethicon, to you,</p> <p>14 November 28, 2006, right?</p> <p>15 A. Yes.</p> <p>16 Q. And she's just following up with you</p> <p>17 to confirm that you're going to be teaching for</p> <p>18 Ethicon PROLIFT® and TVT, correct?</p> <p>19 A. Yes.</p> <p>20 Q. And she offers, You can arrive Friday</p> <p>21 night. If you think you'll be -- Melissa Doyle</p> <p>22 indicates, you can come in Friday night. You can</p> <p>23 come out to dinner. She's taking another urologist</p> <p>24 out for dinner that night.</p> <p>25 She offers to take you out to dinner</p>	<p style="text-align: right;">Page 168</p> <p>1 - - -</p> <p>2 (Whereupon, Exhibit Fleischmann-11,</p> <p>3 March and April 2011 E-mails, was marked for</p> <p>4 identification.)</p> <p>5 - - -</p> <p>6 BY MR. SLATER:</p> <p>7 Q. Let's look at the next exhibit. This</p> <p>8 is Exhibit-11. It's some e-mails in March and April</p> <p>9 of 2012.</p> <p>10 And the first one in the chain, which</p> <p>11 starts at the bottom of the first page is from</p> <p>12 Michael Dill, a sales representative, to you.</p> <p>13 Do you see that?</p> <p>14 A. The one that says, I hope the lab?</p> <p>15 Are you talking about the second page?</p> <p>16 Q. Yes, but it starts on the first page.</p> <p>17 It shows it's from Michael Dill to you, March 30th,</p> <p>18 2012?</p> <p>19 A. Are we going to --</p> <p>20 MS. KABBASH: Yeah, we are. But it's</p> <p>21 the e-mail itself.</p> <p>22 THE WITNESS: Okay.</p> <p>23 BY MR. SLATER:</p> <p>24 Q. Looking at the Exhibit-11, there's an</p> <p>25 e-mail at the bottom from Michael Dill, who is a</p>
<p style="text-align: right;">Page 167</p> <p>1 that night, right?</p> <p>2 A. I guess she did, yes.</p> <p>3 Q. And then she talks about to call</p> <p>4 American Express Travel, and they're going to set up</p> <p>5 your flight, your car, hotel, and a ride back to the</p> <p>6 airport Saturday.</p> <p>7 Did they take care of all of have for</p> <p>8 you?</p> <p>9 A. I suppose they did.</p> <p>10 Q. Do you remember where this lab was?</p> <p>11 A. I just -- I'm sorry, I don't have any</p> <p>12 recollection of this.</p> <p>13 Q. You don't recall Ethicon flying you</p> <p>14 to a training session where you were going to be</p> <p>15 paid to show other doctors the PROLIFT® and TVT</p> <p>16 procedure?</p> <p>17 A. Back in 2008? I mean, I can see the</p> <p>18 e-mail there, but I don't -- you know, this is</p> <p>19 something that happened quite seldom, so I don't</p> <p>20 remember it, no.</p> <p>21 Q. You did participate in that, correct?</p> <p>22 A. I believe I did. But I'm just saying</p> <p>23 that I don't have an independent recollection of the</p> <p>24 course or, you know, where it was. I'm assuming it</p> <p>25 happened.</p>	<p style="text-align: right;">Page 169</p> <p>1 sales representative.</p> <p>2 Do you remember Michael Dill?</p> <p>3 A. No.</p> <p>4 Q. Michael Dill wrote to you regarding a</p> <p>5 dinner with Drs. Fromer, Cooper and Kavalier.</p> <p>6 Do you see that?</p> <p>7 A. Yes.</p> <p>8 Q. Do you know Dr. Fromer?</p> <p>9 A. I know her. We trained at the same</p> <p>10 time in New York. So I know her.</p> <p>11 Q. You trained together?</p> <p>12 A. No, no. But we were all in the same</p> <p>13 year in residency.</p> <p>14 Q. Are you friendly with Dr. Fromer?</p> <p>15 A. I mean, I'm not independent friends</p> <p>16 with her, but I know her.</p> <p>17 Q. Have you talked to Dr. Fromer about</p> <p>18 the fact that she's also been named as an expert in</p> <p>19 this case?</p> <p>20 A. I was aware of that, but I haven't</p> <p>21 spoken to her specifically.</p> <p>22 Q. Have you talked to her about that</p> <p>23 she -- the fact that you're both experts in this</p> <p>24 case?</p> <p>25 A. I haven't spoken to her specifically.</p>

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<p style="text-align: right;">Page 170</p> <p>1 I'm just telling you I'm aware that she's also an 2 expert. 3 Q. Who is Dr. Cooper? 4 A. Kim Cooper, she's at Columbia. 5 Q. And who is Dr. Kavalier? 6 A. That's Betsy Kavalier. 7 Q. Do you know her? 8 A. Yes. 9 Q. Are you friendly with her? 10 A. In the same way that I'm friends with 11 Dr. Fromer. I know her, we are colleagues. 12 Q. Have you ever spoken with Dr. Kavalier 13 about her work as an expert for Ethicon? 14 A. I know she's that an expert for 15 Ethicon, but I don't talk to her specifically about 16 what she does. 17 Q. Do you know if Dr. Cooper has been an 18 expert for Ethicon? 19 A. I don't know. 20 Q. So Michael Dill, on March 30, 2012, 21 is confirming a dinner with you, Dr. Fromer, Dr. 22 Cooper and Dr. Kavalier. 23 And do you recall having dinner with 24 them? 25 A. Not on that date.</p>	<p style="text-align: right;">Page 172</p> <p>1 more information about it. 2 Q. Did you like getting taken out to 3 dinner by Ethicon? Was that fun? 4 MS. KABBASH: Objection. 5 THE WITNESS: You know, as a mother 6 of three kids, I have to tell you, I'd rather be 7 home with my kids on almost any date than go out to 8 dinner with people. 9 MR. SLATER: Move to strike. 10 BY MR. SLATER: 11 Q. I'm looking at these e-mails, it 12 looks like you were looking forward to this dinner. 13 Were you not looking forward to this 14 dinner? 15 MS. KABBASH: Objection. 16 THE WITNESS: If I don't recall the 17 dinner, how am I going to tell you if I'm looking 18 forward to it? You're looking at the same e-mail 19 that I am. 20 - - - 21 (Whereupon, Exhibit Fleischmann-12, 22 12/28/09 E-mail from S. Jones to N. Fleischmann, was 23 marked for identification.) 24 - - - 25 BY MR. SLATER:</p>
<p style="text-align: right;">Page 171</p> <p>1 Q. Do you recall that you guys 2 eventually had dinner together? 3 A. Probably. We've had dinner together 4 in the past. 5 Q. And at that meeting, three out of the 6 four doctors actually are now Ethicon experts, 7 right, that we can confirm? 8 A. Looks that way. 9 Q. You suggested that Dr. Rosenblum be 10 included. 11 Who is that? 12 A. She's another colleague. 13 Q. Do you recall where you guys went to 14 New York -- rephrase. 15 Do you recall where you guys went to 16 dinner in New York? 17 A. No, I don't recall. 18 Q. Ethicon would have paid for that 19 dinner, correct? 20 A. I assume. If it ever even happened. 21 I don't really recall it specifically. 22 Q. Well, he's scheduling and he's 23 picking dates there in June, right? 24 A. I understand that. But I don't 25 recall the specific dinner. So I can't give you any</p>	<p style="text-align: right;">Page 173</p> <p>1 Q. Handing you Exhibit-12. Exhibit-12, 2 there's an e-mail September 28, 2009 from Scott 3 Jones to you. 4 Do you see that? 5 A. Yes. 6 Q. Scott Jones, who is a marketing 7 executive, invited to you a strategic working 8 session regarding the pelvic floor business. 9 Do you see that? 10 A. Yes, I do. 11 Q. And do you recall attending a 12 strategic working session with Ethicon regarding 13 their pelvic floor business? 14 A. I recall going to some meetings where 15 we were meeting with other doctors who were using 16 similar products. 17 Q. And he said he's also going to be 18 inviting the top fifteen PROLIFT® customers to 19 gather for a one-day working session. 20 Did you know you were one of the top 21 fifteen PROLIFT® customers? 22 A. I might have been. I really loved 23 PROLIFT®. 24 Q. He said if you arrived in time, there 25 will be a dinner hosted.</p>

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<p style="text-align: right;">Page 174</p> <p>1 Did you get down there for dinner?</p> <p>2 A. Oh, I don't recall, counselor.</p> <p>3 Q. It says, you'll attend but arrive the</p> <p>4 morning of the 5th.</p> <p>5 So I guess you would have missed</p> <p>6 dinner on the 4th, right?</p> <p>7 MS. KABBASH: Objection.</p> <p>8 THE WITNESS: Possibly.</p> <p>9 - - -</p> <p>10 (Whereupon, Exhibit Fleischmann-13,</p> <p>11 11/6/09 Paper, was marked for identification.)</p> <p>12 - - -</p> <p>13 BY MR. SLATER:</p> <p>14 Q. This is Exhibit-13.</p> <p>15 Exhibit-13 is a November 6, 2009,</p> <p>16 paper you wrote to, Dear Scott.</p> <p>17 And just for the record --</p> <p>18 MS. CRAWFORD: Can I ask you a</p> <p>19 question? I don't want to interrupt you. The</p> <p>20 doctor has indicated she needs to take a break.</p> <p>21 MR. SLATER: Okay. Go ahead. I</p> <p>22 can't stop you.</p> <p>23 VIDEO TECHNICIAN: The time is 12:19</p> <p>24 p.m. We are going off the record.</p> <p>25 - - -</p>	<p style="text-align: right;">Page 176</p> <p>1 A. Yes.</p> <p>2 Q. I just want to go through certain</p> <p>3 parts of this.</p> <p>4 You say, in the second paragraph, By</p> <p>5 the time I finished fellowship, I had a strong</p> <p>6 relationship with the company and, naturally,</p> <p>7 gravitated to using these products, hence the</p> <p>8 importance of targeting young fellows.</p> <p>9 Do you see that?</p> <p>10 A. I do.</p> <p>11 Q. So it is true that by the time you</p> <p>12 finished your fellowship, you had a strong</p> <p>13 relationship with Ethicon, correct?</p> <p>14 A. Not a financial relationship, though.</p> <p>15 Q. I didn't ask you that.</p> <p>16 Here is my question: You said in</p> <p>17 your letter to Scott Jones, by the time you finished</p> <p>18 your fellowship, you had a strong relationship with</p> <p>19 Ethicon; is that true?</p> <p>20 A. I had a relationship to the products.</p> <p>21 I had been trained on the products, and that was the</p> <p>22 relationship.</p> <p>23 Q. You talk about -- rephrase.</p> <p>24 You then comment about the importance</p> <p>25 of targeting young fellows.</p>
<p style="text-align: right;">Page 175</p> <p>1 (Whereupon, a brief recess was</p> <p>2 taken.)</p> <p>3 VIDEO TECHNICIAN: The time is 12:24</p> <p>4 p.m. Back on the record.</p> <p>5 - - -</p> <p>6 (Whereupon, Exhibit Fleischmann-14,</p> <p>7 11/7/09 E-mail from N. Fleischmann to S. Jones, was</p> <p>8 marked for identification.)</p> <p>9 - - -</p> <p>10 BY MR. SLATER:</p> <p>11 Q. Doctor, I've handed you Exhibits-13</p> <p>12 and 14.</p> <p>13 14 is an e-mail you sent to Scott</p> <p>14 Jones, November 7, 2009, and Exhibit-13 is November</p> <p>15 6, 2009 -- it looks like a letter that you wrote to</p> <p>16 Scott Jones.</p> <p>17 So it looks like the e-mail sent the</p> <p>18 letter; is that correct?</p> <p>19 A. I think so, yes.</p> <p>20 Q. And you wrote to Scott Jones to</p> <p>21 follow up on the November 5 meeting because you</p> <p>22 wanted J&amp;J to understand how one of their most loyal</p> <p>23 PROLIFT® users came to be that.</p> <p>24 You want to tell your story to him,</p> <p>25 correct?</p>	<p style="text-align: right;">Page 177</p> <p>1 Do you see that?</p> <p>2 A. Yes.</p> <p>3 Q. When you said "targeting young</p> <p>4 fellows," you're talking about marketing, right?</p> <p>5 A. I probably was, yes.</p> <p>6 Q. So you were writing to a marketing</p> <p>7 director at Ethicon to give him advice on how to</p> <p>8 market their devices to doctors, right?</p> <p>9 A. But that's not what this letter was</p> <p>10 about. The letter was about something completely</p> <p>11 different.</p> <p>12 MR. SLATER: Move to strike.</p> <p>13 BY MR. SLATER:</p> <p>14 Q. Turn to the second page.</p> <p>15 In the second paragraph, you talk</p> <p>16 about, the last part of the sentence -- of the</p> <p>17 paragraph, With the advent of +M, the outcomes are</p> <p>18 getting better and better.</p> <p>19 Do you see that?</p> <p>20 A. Yes, I do.</p> <p>21 Q. So in your November 6th, 2009, letter</p> <p>22 to Scott Jones, you're telling him that your</p> <p>23 outcomes with the PROLIFT®+M were actually getting</p> <p>24 better and better, right?</p> <p>25 A. Yes.</p>

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<p style="text-align: right;">Page 178</p> <p>1 Q. Better and better compared to the 2 PROLIFT®, right?</p> <p>3 A. Yes. But this letter was written in 4 2009, and I did PROLIFT® for about three more years 5 after that. And I'm telling you, I didn't feel in 6 the end, that it was much different.</p> <p>7 I also -- yeah, I didn't feel it was 8 much different after the next three years. I had 9 just started using +M at that point.</p> <p>10 MR. SLATER: Move to strike from 11 "but" forward.</p> <p>12 BY MR. SLATER:</p> <p>13 Q. At the end of your letter to Scott 14 Jones, you say, Remember, keeping your loyal users 15 happy is just as important and recruiting new users.</p> <p>16 So you're talking about marketing 17 there, right?</p> <p>18 A. It looks like it, yes. And that's in 19 response to a marketing meeting that I was coming 20 off of.</p> <p>21 - - -</p> <p>22 (Whereupon, Exhibit Fleischmann-15, 23 Invoice, was marked for identification.)</p> <p>24 - - -</p> <p>25 BY MR. SLATER:</p>	<p style="text-align: right;">Page 180</p> <p>1 yes. I never looked at it as teaching for Ethicon, 2 though.</p> <p>3 - - -</p> <p>4 (Whereupon, Exhibit Fleischmann-16, 5 12/13/08 Invoice, was marked for identification.)</p> <p>6 - - -</p> <p>7 BY MR. SLATER:</p> <p>8 Q. Exhibit-16 is an invoice, December 9 13, 2008, \$2,000, for teaching an advanced Level 2 10 course.</p> <p>11 Do you know what that course was?</p> <p>12 A. No, I'm not -- I don't recall 13 exactly.</p> <p>14 MR. SLATER: If we want to eat, this 15 is probably a good time.</p> <p>16 MS. KABBASH: Okay.</p> <p>17 VIDEO TECHNICIAN: The time is 12:29 18 p.m. We are going off the video.</p> <p>19 - - -</p> <p>20 (Whereupon, a luncheon recess was 21 taken.)</p> <p>22 - - -</p> <p>23 VIDEO TECHNICIAN: This marks the 24 beginning of Videotape Number 3. The time is 1:22 25 p.m. Back on the record.</p>
<p style="text-align: right;">Page 179</p> <p>1 Q. I just handed you what I've marked as 2 Exhibit-15.</p> <p>3 That's an invoice where you were 4 invoicing Ethicon \$2,000 for a preceptorship where 5 you were teaching the TVT-O procedure to doctors on 6 behalf of Ethicon, correct?</p> <p>7 A. On behalf of Ethicon? I was teaching 8 TVT-O to doctors. It's very important to me that I 9 teach people properly how to do the device.</p> <p>10 Q. You could have taught the TVT-O to 11 doctors without charging any money for that, right?</p> <p>12 A. I could have. But it was my time, 13 and why should I -- why should I give my time 14 without being paid for it?</p> <p>15 Q. Well, you could have done teaching to 16 doctors outside of Ethicon, professional education; 17 you could have just made yourself available for 18 seven hours and done it separately from Ethicon, 19 right?</p> <p>20 A. I have done that. I've done a lot of 21 that in my life.</p> <p>22 Q. Okay. You taught for Ethicon and you 23 were paid \$2,000 for the preceptorship of June 1, 24 2009, right?</p> <p>25 A. I have an invoice for \$2,000, there,</p>	<p style="text-align: right;">Page 181</p> <p>1 BY MR. SLATER:</p> <p>2 Q. Doctor, I want to ask you some 3 questions about some known complications with the 4 TVTTM Retropubic.</p> <p>5 A. Okay.</p> <p>6 Q. Would you agree with me that a known 7 complication with the TVTTM Retropubic mesh is 8 chronic pain?</p> <p>9 A. I agree that with any pelvic surgery, 10 not specifically with TVT, that is a known 11 complication.</p> <p>12 Q. I'm not asking about any other 13 surgeries. So I understand the theme of the defense 14 is all surgeries have these risks.</p> <p>15 A. Right.</p> <p>16 Q. But I am asking about the TVTTM 17 Retropubic mesh, okay. Which isn't in all 18 surgeries, and I don't really want to talk about 19 other surgeries. I want to talk about this surgery.</p> <p>20 A. Okay.</p> <p>21 Q. So I'm going to start over. 22 Would you agree with me that one of 23 the risks with the TVTTM Retropubic is chronic pain?</p> <p>24 A. I think that -- I think it is a risk, 25 yes.</p>



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<p style="text-align: right;">Page 182</p> <p>1 Q. Would you agree with me that one of 2 the known risks with the TVTTM Retropubic is pain 3 with intercourse, which, in some patients, may not 4 resolve? 5 A. It's a risk. But, again, it's a risk 6 with any pelvic surgery. 7 MR. SLATER: Move to strike from 8 "but" again -- "but" forward. 9 BY MR. SLATER: 10 Q. Doctor, tell me, honestly, I told you 11 in the beginning, if my questions aren't clear, tell 12 me. Are you not clear that I'm asking about the 13 TVTTM Retropubic, because you keep talking about 14 other procedures that I'm not asking you about. 15 MS. KABBASH: Adam, that's part of 16 her response. And you move to strike it as you want 17 to. There's no point in trying to beat her up over 18 this. 19 MR. SLATER: I'm not trying to beat 20 anyone up. 21 MS. KABBASH: She's providing what 22 she believes is an accurate response. Let's just 23 move forward. 24 MR. SLATER: Don't tell me to move 25 forward. It's not -- you know what, for all the</p>	<p style="text-align: right;">Page 184</p> <p>1 because if I was, I'll re-ask the question 2 differently. 3 A. Okay. 4 Q. Did you think that was what I was 5 asking you? 6 A. I'm not sure what you asked me. Why 7 don't you ask it again and I'll try to answer it 8 better. 9 Q. You weren't sure what I asked you 10 just now? 11 A. Why don't you ask it again, or have 12 them read it back? 13 Q. For the record, you didn't understand 14 my last question? 15 MS. KABBASH: Adam, you're getting a 16 little argumentative. Just ask her the question. 17 BY MR. SLATER: 18 Q. Doctor, did you not understand my 19 question? 20 A. I understand your question, but I 21 think I'm allowed to qualify the answer. 22 Q. Okay. I'm telling you, you're not. 23 MS. KABBASH: Yes, she is, if she 24 believes it produces an accurate response. 25 MR. SLATER: I'm going to move to</p>
<p style="text-align: right;">Page 183</p> <p>1 time we've worked together -- I didn't ask about 2 other procedures, that's your defense. You guys are 3 entitled to your defense; make your defense at 4 trial. I'm not asking about other procedures. 5 BY MR. SLATER: 6 Q. Doctor, if I ask you about other 7 procedures, you can talk about them. I don't want 8 to hear about them. I'm asking about the TVTTM 9 Retropubic. So I'll ask again. 10 Do you agree with me that with the 11 TVTTM Retropubic mesh device, one risk is chronic 12 pain? 13 A. I believe that that is a small risk, 14 yes. 15 MR. SLATER: Move to strike. 16 BY MR. SLATER: 17 Q. Did I ask you how large the risk is? 18 MS. KABBASH: Objection. 19 BY MR. SLATER: 20 Q. I mean, was my question unclear? Did 21 you think I asked you how large the risk is? 22 A. I can answer the question again, if 23 you'd like. 24 Q. Well, no, I want to know, did you 25 think that I was asking you the size of the risk,</p>	<p style="text-align: right;">Page 185</p> <p>1 preclude testimony at trial if I can't get direct 2 answers to direct questions. 3 BY MR. SLATER: 4 Q. Do you agree with me that with the 5 TVTTM Retropubic mesh device, one risk of the mesh 6 being in the body is chronic pain? 7 A. Yes, in a very small percentage of 8 patients. 9 MR. SLATER: Move to strike from "in" 10 forward. 11 BY MR. SLATER: 12 Q. Doctor, did you think that I asked 13 you how many patients it happens to? 14 A. No, you didn't ask that. 15 Q. Do you agree with me that with the 16 TVTTM Retropubic mesh device, that one of the risks 17 is pain with intercourse, which, in some patients, 18 may not resolve? 19 A. Yes, it can happen. 20 Q. Do you agree with me that with the 21 TVTTM Retropubic mesh device, one of the risks is 22 neuromuscular problems including acute and/or 23 chronic pain in the groin, thigh, leg, pelvic and/or 24 abdominal area? 25 A. I'm willing to say that these are</p>

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<p style="text-align: right;">Page 186</p> <p>1 risks of the procedure, but I really would like to 2 qualify that it is not specific to the TVTTM 3 Retropubic. 4 MR. SLATER: Move to strike from 5 "but" forward. 6 BY MR. SLATER: 7 Q. Do you agree with me that one of the 8 risks with the TVTTM Retropubic mesh device is 9 excessive contraction or shrinkage of the 10 combination of tissue and mesh? 11 A. I don't know if that's a risk, no. 12 I'm not sure of that. 13 Q. You don't know one way or the other? 14 A. I don't know. No, I don't -- I don't 15 know. 16 Q. Do you agree with me that one of the 17 risks with the TVTTM Retropubic mesh device is that 18 when adverse reactions occur, that may require 19 surgical treatment? 20 A. Just repeat the question for me, 21 please. 22 Q. Do you agree with me that with the 23 TVTTM Retropubic mesh device that one of the risks 24 is that if these adverse reactions that you have 25 said you agree occur in some patients, that if they</p>	<p style="text-align: right;">Page 188</p> <p>1 maybe required? 2 A. I've seen the warning. But, again, 3 I'm saying I don't know what significant dissection 4 means. 5 Q. When you say you've seen the warning, 6 you're talking about the warning in the 2015 IFU, 7 right? 8 A. Yes. 9 Q. You don't -- you don't understand it, 10 though? 11 A. I don't -- I think significant 12 dissection needs to be qualified. 13 Q. So you don't understand what it 14 means? 15 A. Quantified, I should say. 16 Q. You don't understand what it means as 17 phrased in the IFU? 18 A. I understand that significant 19 dissection is not a clear amount of dissection. 20 Q. So you don't know what it means? 21 MS. KABBASH: Objection. 22 THE WITNESS: I think it needs to be 23 quantified. 24 BY MR. SLATER: 25 Q. I'm asking you, can you define for me</p>
<p style="text-align: right;">Page 187</p> <p>1 occur, that it may require surgical treatment? 2 A. Yes, that can happen. 3 Q. Do you agree with me with the TVTTM 4 Retropubic mesh device, that when the adverse 5 reactions occur, one or more revision surgeries may 6 be necessary to treat these adverse reactions? 7 A. Yes, that can happen. 8 Q. Do you agree with me that with the 9 TVTTM Retropubic mesh device, in cases in which the 10 PROLENE® mesh needs to be removed, in part or whole, 11 significant dissection might be required? 12 A. I don't know what you would call 13 significant dissection. I think that you can -- you 14 might need to take out the sling. 15 Q. So you're not able to answer that? 16 MS. KABBASH: Objection. 17 THE WITNESS: I can't say what a 18 significant dissection is. I don't know how to 19 answer that question, because I don't know what 20 significant dissection means. 21 BY MR. SLATER: 22 Q. Have you ever seen a warning in 23 connection with any TVT device indicating that in 24 cases in which the PROLENE® mesh needs to be 25 removed, in part or whole, significant dissection</p>	<p style="text-align: right;">Page 189</p> <p>1 what significant dissection means as used in the TVT 2 IFU for 2015? 3 A. I think it's in an IFU and they are 4 leaving it open for there to be significant 5 dissection. I just don't agree that, necessarily, 6 there's a significant dissection to get out a sling. 7 Q. How do you define the term 8 significant dissection -- 9 A. I can't. 10 Q. -- as used in the 2015 TVT IFU? 11 A. To me, it sounds like a very large 12 dissection, and I don't find that that's necessary, 13 in most cases, to get out a sling. 14 Q. So you disagree with the warning? 15 MS. KABBASH: Objection. 16 THE WITNESS: I don't disagree with 17 the warning. I think the warning leaves open the 18 fact that there might be a significant dissection. 19 I just don't think that's common in my practice, and 20 what I've seen in my practice and what's in the 21 medical literature. 22 BY MR. SLATER: 23 Q. Do you know why Ethicon added that 24 adverse reaction to the list in the IFU in 2015? 25 A. I'm sure it had to do with a lot of</p>

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<p style="text-align: right;">Page 190</p> <p>1 the medical -- the medicolegal issues that are out 2 there. 3 Q. You have no idea why they added it, 4 do you? 5 A. They redid their IFU to add more of 6 the general principles of surgical risk. 7 Q. Who told you that? 8 A. That's my own opinion, and that's the 9 opinion that, I think, a lot of us share. 10 Q. I'm not asking for your opinion here. 11 I'm asking if you factually know why 12 risks were added to the IFU in 2015 for the TVT? 13 A. I didn't discuss it with anyone at 14 Ethicon, why they -- why they added it to their 15 risks. 16 Q. So the answer is you don't know, 17 right? 18 A. The answer is I never discussed it 19 with Ethicon. I can think about why they would have 20 done it. But I don't -- I never discussed it with 21 anyone at Ethicon. 22 Q. You could speculate as to why it 23 happened, but you don't know? 24 A. Right. 25 Q. Do you know what scar plating and</p>	<p style="text-align: right;">Page 192</p> <p>1 and exposure? 2 A. I can't agree with that, no. 3 Q. So if Ethicon says that, you disagree 4 with Ethicon? 5 MS. KABBASH: Objection. 6 THE WITNESS: I don't know what 7 Ethicon says about that. I'm just telling you that 8 I don't see how that's related to anything clinical. 9 BY MR. SLATER: 10 Q. Here is my question: If Ethicon 11 believes that scar plating and bridging fibrosis can 12 be associated with adverse events and that the 13 clinical manifestation would be contraction, pain, 14 erosion, extrusion and exposure, you would disagree 15 with that? 16 MS. KABBASH: Objection. 17 BY MR. SLATER: 18 Q. Is that what you're saying? 19 A. I'm saying I would need to see more 20 of the documentation before I respond yes or no to 21 that. 22 Q. So as you sit here now, you don't 23 know whether or not scar plating and bridging 24 fibrosis can be associated with adverse events and 25 that the clinical manifestation would be</p>
<p style="text-align: right;">Page 191</p> <p>1 bridging fibrosis is? 2 A. Yes, I've been told that scar plating 3 and fibrosis is. 4 Q. You've been told what it is by who? 5 A. Through my reading. 6 Q. Well, where did you read that? 7 A. In the medical literature. 8 Q. In connection with your work to get 9 ready to be an expert in this case, is that when you 10 learned what scar plating and bridging fibrosis was? 11 A. No, I've heard that term well before 12 I became an expert. 13 Q. What is scar plating and bridging 14 fibrosis? 15 A. It has to do with the fibrotic 16 reaction that happens when -- mostly when pore sizes 17 are too small and the bridge happens over the pores 18 where the tissue doesn't infiltrate. 19 Q. Do you agree that scar plating and 20 bridging fibrosis can cause adverse reactions? 21 A. I don't know that it has a clinical 22 significance. 23 Q. Do you agree that the clinical 24 manifestation of scar plating and bridging fibrosis 25 can include contraction, pain, erosion, extrusion</p>	<p style="text-align: right;">Page 193</p> <p>1 contraction, pain, erosion, extrusion and exposure? 2 A. Exactly -- 3 MS. KABBASH: Objection. 4 THE WITNESS: -- because you're 5 talking about something that's happening on a 6 cellular level, and I don't know how that relates to 7 a clinical outcome. 8 BY MR. SLATER: 9 Q. And you've never studied that 10 question, correct? 11 A. I read about it, but I don't see the 12 correlation in my practice or in any of the medical 13 literature that I've reviewed. 14 Q. This is my question: Have you 15 actually ever studied that question to try to form 16 an opinion on that question? 17 A. My opinion is that there's no 18 clinical significance to any kind of scarification 19 that might happen. That is a known process that 20 happens with mesh and one which we actually rely 21 upon. 22 Q. Is it your testimony that scar 23 plating and bridging fibrosis is something that you 24 rely upon in the use of the mesh? 25 A. No, scar. Scar. Fibrosis. That's</p>

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<p style="text-align: right;">Page 194</p> <p>1 the natural reaction of the body to mesh.</p> <p>2 Q. I'm asking about scar plating and</p> <p>3 bridging fibrosis. So let me be very clear.</p> <p>4 Have you ever studied the question of</p> <p>5 whether or not scar plating and bridging fibrosis</p> <p>6 can be associated with adverse events, the clinical</p> <p>7 manifestation of which would be contraction, pain,</p> <p>8 erosion, extrusion and exposure? Have you ever</p> <p>9 looked at that question to form an opinion?</p> <p>10 A. I haven't --</p> <p>11 MS. KABBASH: Objection.</p> <p>12 THE WITNESS: I haven't studied that</p> <p>13 question. I can tell you, I don't see scar plating</p> <p>14 or bridging fibrosis clinically in my patients.</p> <p>15 BY MR. SLATER:</p> <p>16 Q. Scar plating and bridging fibrosis is</p> <p>17 something that would be determined by someone</p> <p>18 specifically looking for it on a</p> <p>19 histopathological --</p> <p>20 A. Exactly. That's my point.</p> <p>21 Q. So that's not something you look for,</p> <p>22 right?</p> <p>23 A. I can't look for. It's not something</p> <p>24 I can see clinically.</p> <p>25 Q. If you wanted to, you could have the</p>	<p style="text-align: right;">Page 196</p> <p>1 Klinge's report. But I don't -- I can't quote from</p> <p>2 it.</p> <p>3 Q. Did you read any of the published</p> <p>4 literature on that question?</p> <p>5 A. There's not much published literature</p> <p>6 on that question. It's pretty minimal.</p> <p>7 Q. So is the answer you haven't?</p> <p>8 A. What's out there, I have reviewed.</p> <p>9 And I don't give much credence to it.</p> <p>10 Q. Do you know if Ethicon gives credence</p> <p>11 to that literature?</p> <p>12 A. I'm not part of Ethicon, so I can't</p> <p>13 say what Ethicon does.</p> <p>14 Q. When Ethicon talks about the</p> <p>15 complications and the risks from the TVTMM</p> <p>16 Retropubic device, do you think Ethicon knows what</p> <p>17 it's talking about?</p> <p>18 MS. KABBASH: Objection.</p> <p>19 THE WITNESS: In some ways. But</p> <p>20 Ethicon is not the one that's putting the slings in.</p> <p>21 We are. We are the ones that see the outcomes and</p> <p>22 the clinical outcomes.</p> <p>23 BY MR. SLATER:</p> <p>24 Q. Do you know Peeten Wolf?</p> <p>25 A. Not personally.</p>
<p style="text-align: right;">Page 195</p> <p>1 explanted mesh from your patients studied, right?</p> <p>2 A. Sure.</p> <p>3 Q. You've never done that, right?</p> <p>4 A. Well, if I had explanted mesh, it</p> <p>5 would be sent for pathology, sure.</p> <p>6 Q. Have you ever had explanted mesh from</p> <p>7 your patients studied, on a histopathological basis,</p> <p>8 to determine whether there was scar plating or</p> <p>9 bridging fibrosis?</p> <p>10 A. Not that I've ordered. It might have</p> <p>11 happened, but I've never ordered that.</p> <p>12 Q. So just to be very clear so we can</p> <p>13 move on, but I just want to be clear.</p> <p>14 Am I correct that you have never</p> <p>15 studied the question of whether scar plating and</p> <p>16 bridging fibrosis can cause adverse events, the</p> <p>17 clinical manifestation of which would be</p> <p>18 contraction, pain, erosion, extrusion and exposure?</p> <p>19 Am I correct you have not studied that specific</p> <p>20 question?</p> <p>21 A. I've never studied that on a</p> <p>22 histopathological level.</p> <p>23 Q. Did you read Dr. Klinge's report</p> <p>24 about that subject?</p> <p>25 A. I have, at some point, perused Dr.</p>	<p style="text-align: right;">Page 197</p> <p>1 Q. Do you know who he is?</p> <p>2 A. I've heard his name.</p> <p>3 Q. Do you know what he does for a</p> <p>4 living?</p> <p>5 A. I know that he is very high up in</p> <p>6 Ethicon.</p> <p>7 Q. Do you know what department?</p> <p>8 A. I can't tell you his exact -- his</p> <p>9 exact title.</p> <p>10 Q. Do you know -- do you know what his</p> <p>11 background is before he went to Ethicon?</p> <p>12 A. I believe he was a urogynecologist.</p> <p>13 Q. Do you know if he actually used the</p> <p>14 TVT in his own clinical practice?</p> <p>15 A. It's not -- it's not something that I</p> <p>16 know or that affects how I think or what my opinions</p> <p>17 are about this case.</p> <p>18 Q. I just want to know, do you know if</p> <p>19 Peeten Wolf used the TVT device?</p> <p>20 A. I'm not sure. I can't -- I can't</p> <p>21 answer that question.</p> <p>22 Q. Do you know who Dr. Jim Hart is?</p> <p>23 A. No.</p> <p>24 Q. Never heard of him?</p> <p>25 A. Nope.</p>

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<p style="text-align: right;">Page 198</p> <p>1 Q. In your report, your main report --</p> <p>2 A. My general report?</p> <p>3 Q. Your general report.</p> <p>4 -- you talk about the Cochrane review</p> <p>5 by Ogah, O-G-A-H, et al.</p> <p>6 Is that an important article for you</p> <p>7 in forming your opinions in this case?</p> <p>8 A. It's one of the articles that I've</p> <p>9 relied upon.</p> <p>10 Q. Did you read it carefully?</p> <p>11 A. I read it carefully at some point,</p> <p>12 not recently.</p> <p>13 Q. You talk about that article on Pages</p> <p>14 18 and 19 of your general report.</p> <p>15 A. Okay.</p> <p>16 Q. Do you feel that your summary of what</p> <p>17 that article stands for is a fair summary of the</p> <p>18 important conclusions and findings by the authors?</p> <p>19 A. Yes.</p> <p>20 Q. Do you feel that you were obligated,</p> <p>21 as an expert, when you wrote your report, to try to</p> <p>22 be fair and balanced in describing that article, so</p> <p>23 that you would not just point out things that might</p> <p>24 support Ethicon's position but also things that may</p> <p>25 cut against?</p>	<p style="text-align: right;">Page 200</p> <p>1 A. Not by that process, no.</p> <p>2 MS. KABBASH: Objection.</p> <p>3 BY MR. SLATER:</p> <p>4 Q. If one needs to remove mesh due to a</p> <p>5 complication, the removal of the mesh is now a</p> <p>6 surgery that is necessary as a result of the mesh</p> <p>7 problem, right?</p> <p>8 MS. KABBASH: Objection.</p> <p>9 THE WITNESS: It's a revision of a</p> <p>10 sling, yes.</p> <p>11 BY MR. SLATER:</p> <p>12 Q. If there's no mesh, that surgery</p> <p>13 would not need to happen, because you wouldn't be</p> <p>14 removing mesh, right?</p> <p>15 MS. KABBASH: Objection.</p> <p>16 THE WITNESS: You wouldn't be</p> <p>17 removing mesh, but you might need to do another</p> <p>18 revision surgery for another sling procedure or</p> <p>19 another anti-incontinence procedure.</p> <p>20 MR. SLATER: Move to strike from</p> <p>21 "but" forward.</p> <p>22 BY MR. SLATER:</p> <p>23 Q. When we're talking about the TVTTM</p> <p>24 Retropubic, and what the mesh can cause, one of the</p> <p>25 things the mesh can lead to is the need to remove</p>
<p style="text-align: right;">Page 199</p> <p>1 Did you try to do that?</p> <p>2 MS. KABBASH: Objection.</p> <p>3 THE WITNESS: Yes, I tried to do</p> <p>4 that.</p> <p>5 BY MR. SLATER:</p> <p>6 Q. On Page 20, if you could turn to Page</p> <p>7 20, you talk about the American Urologic Association</p> <p>8 guidelines.</p> <p>9 And towards the bottom of that first</p> <p>10 paragraph, you say, In the case of TVT, there is an</p> <p>11 added complication of mesh exposure.</p> <p>12 Do you see you said that?</p> <p>13 A. Yes, I did say that.</p> <p>14 Q. There are additional complications</p> <p>15 with the TVT as compared to non-mesh procedures,</p> <p>16 correct?</p> <p>17 A. Like what?</p> <p>18 Q. How about contraction of the mesh</p> <p>19 causing pain?</p> <p>20 A. I don't think that I can say that</p> <p>21 that's a definite complication of TVT.</p> <p>22 Q. It's your position, testifying as an</p> <p>23 expert for Ethicon, that contraction of the mesh due</p> <p>24 to the interrelationship of scar tissue in the mesh</p> <p>25 cannot cause pain for a patient?</p>	<p style="text-align: right;">Page 201</p> <p>1 the mesh, right?</p> <p>2 A. You might need to remove mesh, yes.</p> <p>3 MS. KABBASH: Objection.</p> <p>4 BY MR. SLATER:</p> <p>5 Q. If there's no mesh, you don't have to</p> <p>6 remove mesh, by definition, right?</p> <p>7 A. No, but --</p> <p>8 MS. KABBASH: Objection.</p> <p>9 THE WITNESS: -- you might need to do</p> <p>10 something else.</p> <p>11 MR. SLATER: Move to strike from</p> <p>12 "but" forward.</p> <p>13 BY MR. SLATER:</p> <p>14 Q. Was that funny?</p> <p>15 A. No. I'm just trying to clarify what</p> <p>16 I'm saying.</p> <p>17 Q. Mrs. Corbet had options other than</p> <p>18 the TVTTM Retropubic, correct?</p> <p>19 A. Yes.</p> <p>20 Q. You can't tell me what would have</p> <p>21 happened if Mrs. Corbet had a different procedure or</p> <p>22 different type of treatment? That would be</p> <p>23 speculative to say, well, if she had something else</p> <p>24 let tell me what happened; you can't say, right?</p> <p>25 MS. KABBASH: Objection.</p>

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<p style="text-align: right;">Page 202</p> <p>1 THE WITNESS: I can't say. But I  2 can -- I can tell you what the risks of another  3 surgery would have been.  4 BY MR. SLATER:  5 Q. I understand you know the general  6 risks of other surgeries.  7 But you can't say whether or not they  8 would have happened, right?  9 A. You can't say whether a risk ever  10 would have happened. That's what a risk is.  11 Q. Can you turn to Page 25 --  12 A. Sure.  13 Q. -- of your report?  14 The first full paragraph, you say,  15 While several authors have reported on their  16 experience with mesh exposure, there is currently no  17 evidence-based consensus on exactly how to manage  18 exposures.  19 Right?  20 A. Yes.  21 Q. Do you stand by that statement?  22 A. Yes.  23 Q. At the end of that paragraph, you  24 say, In my experience, removing the extruded mesh  25 almost always resolves the patient's exposure</p>	<p style="text-align: right;">Page 204</p> <p>1 be extremely rare.  2 MR. SLATER: Move to strike from  3 "but" forward.  4 BY MR. SLATER:  5 Q. Turn to Page 26 of your report, if  6 you could.  7 You talk during your report -- in  8 your report, about degradation of mesh. Have you  9 ever studied the question of whether or not the mesh  10 in the TVTTM Retropubic degrades on any level,  11 whether a macro level or a micro level?  12 A. I've read the literature about  13 degradation. I find it's pretty scant.  14 Q. Have you ever looked at Ethicon's  15 internal documents regarding degradation of PROLENE®  16 mesh?  17 A. I've reviewed some of them in  18 preparation for this deposition, yes.  19 Q. Did the people who showed you Ethicon  20 documents show you any of the internal documents  21 that show that degradation of PROLENE® mesh occurs?  22 Did you see those documents?  23 A. I didn't find anywhere that there was  24 degradation of mesh that had occurred.  25 Q. So whatever you were provided from</p>
<p style="text-align: right;">Page 203</p> <p>1 problem.  2 That's what you're seeing in your  3 experience, right?  4 A. That's in my experience. But I think  5 that's also in the literature.  6 Q. You say, almost always resolves the  7 problem.  8 So sometimes removing the extruded  9 mesh does not resolve the patient's problem, right?  10 A. It depends on what the problem is.  11 Q. You called it the exposure problem,  12 right? Isn't that the words you used?  13 A. Yes.  14 Q. So removing the extruded mesh does  15 not always resolve the patient's exposure problem,  16 correct?  17 A. In my experience, it's pretty  18 superlative, when you take out an exposed area of a  19 sling, that that sling exposure is resolved.  20 Q. Doctor, you use the words "almost  21 always." So my question is: In your experience,  22 removing the extruded mesh does not always resolve  23 the patient's exposure problems; sometimes it  24 doesn't, correct?  25 A. Sometimes it doesn't. But it would</p>	<p style="text-align: right;">Page 205</p> <p>1 Ethicon's documents, you weren't provided those  2 documents, were you?  3 MS. KABBASH: Objection.  4 THE WITNESS: I think if those  5 documents had existed, they might have provided them  6 to me.  7 BY MR. SLATER:  8 Q. Meaning you would expect you would  9 have been given them, if they existed, right?  10 A. Yes.  11 Q. I have a question about the TVT  12 EXACT®® -- rephrase.  13 With the TVT EXACT®®®, it's the same  14 mesh, the same size mesh as with the TVTTM  15 Retropubic, and you said the difference is just the  16 insertion with the trocars, and it's inserted a  17 little bit differently?  18 A. Well, it depends. I think the TVT  19 EXACT®®® is more the laser cut mesh, whereas the  20 retropubic TVT that I was using years ago was a  21 mechanical cut mesh.  22 Q. The mesh in the TVT EXACT®®® is laser  23 cut?  24 A. I think so, yes.  25 Q. The TVTTM Retropubic mesh that you</p>

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<p style="text-align: right;">Page 206</p> <p>1 used was machine cut, correct?</p> <p>2 A. Yes.</p> <p>3 Q. Are you happy with the performance of</p> <p>4 the laser cut mesh?</p> <p>5 A. I don't really see a difference.</p> <p>6 MR. SLATER: Move to strike.</p> <p>7 BY MR. SLATER:</p> <p>8 Q. Are you happy with the performance of</p> <p>9 the laser cut mesh?</p> <p>10 A. Yes. Because I don't really see a</p> <p>11 difference from what I was doing before.</p> <p>12 Q. I'm sorry, did I ask you if there was</p> <p>13 a difference?</p> <p>14 A. No, you didn't.</p> <p>15 Q. Why would you tell me that, then?</p> <p>16 A. I don't know. I felt a need to</p> <p>17 qualify it.</p> <p>18 Q. I can -- I hope you don't expect to</p> <p>19 do that at trial.</p> <p>20 MS. KABBASH: Objection.</p> <p>21 Don't answer that.</p> <p>22 BY MR. SLATER:</p> <p>23 Q. Doctor, with the TVT EXACT®®®, are you</p> <p>24 satisfied with the performance of that mesh?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 208</p> <p>1 A. I saw some internal documents about</p> <p>2 conjecture of whether laser cut mesh would be better</p> <p>3 than mechanical cut mesh.</p> <p>4 Q. Do you have an understanding as to</p> <p>5 whether or not Ethicon thinks there are some</p> <p>6 advantages to laser cut mesh over mechanical cut?</p> <p>7 A. It doesn't really matter to me if</p> <p>8 Ethicon thinks about laser or mechanical cut mesh.</p> <p>9 Q. I'm just asking if you know whether</p> <p>10 or not Ethicon believes there's a benefit to the</p> <p>11 laser cut mesh over the mechanical cut mesh.</p> <p>12 Do you know?</p> <p>13 A. I don't know what Ethicon believes,</p> <p>14 no.</p> <p>15 Q. Do you dispute that particle loss</p> <p>16 occurs with mechanical mesh?</p> <p>17 A. I think it occurs, yes.</p> <p>18 Q. You wouldn't dispute that particles</p> <p>19 of the mesh with a mechanical cut TVT™ Retropubic</p> <p>20 can get into the body during implant? You don't</p> <p>21 dispute that, right?</p> <p>22 A. I would dispute that it gets into the</p> <p>23 body at large. I think that particles can come off</p> <p>24 of the mesh in a local area.</p> <p>25 Q. A local area, in --</p>
<p style="text-align: right;">Page 207</p> <p>1 Q. Is the TVT™ Obturator offered in the</p> <p>2 laser cut mesh?</p> <p>3 A. I believe it is, but I haven't used</p> <p>4 it.</p> <p>5 Q. Did Ethicon actively market the</p> <p>6 existence of the laser cut mesh to physicians?</p> <p>7 A. I don't know.</p> <p>8 MS. KABBASH: Objection.</p> <p>9 THE WITNESS: They didn't market it</p> <p>10 to me. And I don't know what they did in the</p> <p>11 outside world.</p> <p>12 BY MR. SLATER:</p> <p>13 Q. Did Ethicon provide you any internal</p> <p>14 documents showing that they believed laser cut mesh</p> <p>15 had advantages over machine cut mesh?</p> <p>16 MS. KABBASH: Objection.</p> <p>17 THE WITNESS: I saw some documents of</p> <p>18 some e-mails about laser cut mesh. I didn't see any</p> <p>19 evidence-based medicine that showed that laser cut</p> <p>20 mesh was superior.</p> <p>21 BY MR. SLATER:</p> <p>22 Q. Did you see any internal documents</p> <p>23 from Ethicon indicating that anyone within Ethicon</p> <p>24 thought that there were advantages to the laser cut</p> <p>25 mesh over the machine cut mesh?</p>	<p style="text-align: right;">Page 209</p> <p>1 A. That you're working in.</p> <p>2 Q. -- the surgical field?</p> <p>3 A. In the surgical field, yes.</p> <p>4 Q. Do you know what the particles of</p> <p>5 mesh that come off the machine cut mesh will do once</p> <p>6 in the body?</p> <p>7 A. I believe they have no clinical</p> <p>8 significance.</p> <p>9 MR. SLATER: Move to strike.</p> <p>10 BY MR. SLATER:</p> <p>11 Q. Do you know what the particles of</p> <p>12 mesh will do when inside the body?</p> <p>13 MS. KABBASH: Objection.</p> <p>14 THE WITNESS: Yes, they will do</p> <p>15 nothing.</p> <p>16 BY MR. SLATER:</p> <p>17 Q. That's your understanding?</p> <p>18 A. Yes.</p> <p>19 Q. The particles of mesh would be a</p> <p>20 foreign body inside the body, right?</p> <p>21 A. Yes, because it's not the patient's</p> <p>22 own body.</p> <p>23 Q. You would expect there to be a</p> <p>24 foreign body reaction to the particles of mesh,</p> <p>25 correct?</p>

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<p style="text-align: right;">Page 210</p> <p>1 A. Possibly, but it wouldn't have any 2 clinical significance. 3 MR. SLATER: Move to strike from 4 "but" forward. 5 BY MR. SLATER: 6 Q. Have you ever studied the question of 7 whether or not particles of mesh from a TVTMM 8 Retropubic that get into the body cause a foreign 9 body reaction and any clinical issues with the 10 patient? Have you ever studied that? 11 A. I've studied it in the 1,500 or more 12 slings that I have placed, which have all been 13 mechanically cut mesh. 14 Q. Tell me how you studied the impact of 15 particles. 16 A. I've studied it because I've seen no 17 clinical significance to these -- to these -- to 18 this so-called particle loss that you're talking 19 about. 20 Q. And what would you be looking for to 21 determine that there's clinical significance? What 22 were you looking for? 23 A. Anything. 24 Q. Did you ever actually look to see if 25 there were particles in the body of any of your</p>	<p style="text-align: right;">Page 212</p> <p>1 A. It is a peer-reviewed article, it's a 2 peer-reviewed journal. 3 Q. What was the article about? 4 A. Oh, boy. We're talking about 11 5 years ago. 6 I think we were just talking about 7 slings and, possibly, prolapse in here. But I 8 haven't reviewed it in a long time. 9 Q. You don't recall what you said there? 10 A. I would need to look at the article, 11 if I could. I would be happy to. 12 Q. I'm just curious -- you wrote it. 13 I'm just curious if you know what you 14 said in the article? 15 A. I don't recall exactly. 16 Q. In looking at your publications, it 17 looks like the first four on list, from 2002, 2003, 18 2004 and 2004, would have all been during your 19 fellowship, correct? 20 A. No. The first two were during my 21 residency. 22 Q. Ah, residency? 23 A. Yeah. That's when I was in the lab. 24 Q. Looking at your publications, the 25 first two, from 2002 and 2003, would be from your</p>
<p style="text-align: right;">Page 211</p> <p>1 patients and whether they caused an issue for the 2 patient? Did you ever look for that? 3 A. Well, I don't know how I could look 4 at that, because that would be ethically opening up 5 a patient again. 6 Q. I just want to know if you've ever 7 done it. 8 A. No, there's been no reason to do it. 9 MR. SLATER: Move to strike after 10 "no." 11 BY MR. SLATER: 12 Q. One of your articles in your list of 13 publications is "Pelvic Floor Reconstruction, State 14 of the Art and Beyond." 15 What's the journal that that was 16 published in? 17 A. This is the article I published in my 18 fellowship. The Urology Clinics of North America. 19 Q. Is that -- what level journal is that 20 considered to be? 21 A. I'm not sure. 22 Q. That wouldn't be considered to be a 23 Level 1 medical journal, would it? 24 A. I don't know the answer to that. 25 Q. What --</p>	<p style="text-align: right;">Page 213</p> <p>1 residency, correct? 2 A. Correct. 3 Q. The articles from 2004 would be from 4 your fellowship, correct? 5 A. Exactly. 6 Q. You have an article listed here, 7 "Vaginal Approach to Postsurgical Bladder Outlet 8 Obstruction." And that was printed what, in a 9 textbook? 10 A. Yes. Dr. Zimmern? 11 Q. When was that -- when was that 12 published? Was that from your fellowship? 13 A. Yeah, that was also from my 14 fellowship. 15 Q. Who is Dr. Nitti? 16 A. Dr. Nitti was my mentor in my 17 fellowship. 18 Q. Did Dr. Nitti have any affiliation 19 with any medical device manufacturers? 20 A. Possibly. 21 Q. Do you know which? 22 A. I don't know, but I know that he 23 probably did. 24 Q. There's an article, Fleischmann, 25 Nitti, et al., "Voiding Dysfunction and Urinary</p>

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<p style="text-align: right;">Page 214</p> <p>1 Retention." It looks like it was published in 2007  2 in a text.  3 But that was also written during your  4 fellowship, correct?  5 A. No. That was probably something I  6 reviewed later on in 2007. I was already out in  7 practice.  8 Q. So you were co-authors with Dr.  9 Nitti?  10 A. Yes.  11 Q. Did you write that? Is it -- what is  12 it?  13 A. It was a chapter in a book.  14 Q. The last article you have there is a  15 chapter or is it -- it's actually an article in  16 Obstetrics and Gynecology Survey, is that?  17 A. Yes.  18 Q. What's that?  19 A. It's just a -- it's a journal.  20 Q. Is it a high-level journal?  21 A. It's a peer-reviewed journal.  22 Q. I know. Is it a high-level journal?  23 A. I don't know how to qualify that.  24 MS. KABBASH: Objection.  25 BY MR. SLATER:</p>	<p style="text-align: right;">Page 216</p> <p>1 Q. And on Page 19, I have a question for  2 you.  3 A. Sure.  4 Q. On Page 19, you talk about roping and  5 curling.  6 Are you denying that roping and  7 curling of TVTTM Retropubic mesh can occur in some  8 women?  9 A. I think it can occur, yes.  10 Q. So you agree that roping and curling  11 of TVTTM Retropubic mesh can occur in some women,  12 correct?  13 A. In specific instances it can occur,  14 yes. When there's a lot of deforming tension placed  15 on the mesh, you can see roping and curling.  16 Q. Deforming tension is enough tension  17 to be placed on the mesh to cause the mesh to deform  18 its shape?  19 A. It's usually a surgical technical  20 problem.  21 Q. When you say a "problem," you mean  22 it's a surgical or technical cause?  23 A. Yes.  24 Q. So let me ask you this: There's no  25 objective measurable way to determine whether the</p>
<p style="text-align: right;">Page 215</p> <p>1 Q. Do you know the difference between  2 the high-level journals and the lower-level  3 journals?  4 A. I believe I do.  5 Q. Is this -- where does this one fall  6 on the spectrum?  7 A. I don't -- I don't know where this  8 journal falls on the spectrum.  9 Q. Do any of your publications relate to  10 the treatment of stress urinary incontinence?  11 A. That would -- in the third and  12 fourth -- probably the first -- after the  13 ovariectomy one, the next five all related to  14 incontinence.  15 Q. Do any of your articles address  16 potential risks with the TVTTM Retropubic or any  17 other synthetic mid-urethral sling?  18 A. I have to look at these articles. I  19 haven't looked at them in a while. But I'm sure, at  20 least in the 2004 articles, they would have been  21 addressed, yes.  22 Q. I'm looking, now, at your report that  23 we marked as Exhibit-6, your supplemental report in  24 this case.  25 A. Okay.</p>	<p style="text-align: right;">Page 217</p> <p>1 right amount of tension is being placed on the mesh  2 when it's placed, that's just a matter of feel and  3 experience, correct?  4 A. No, it's pretty clear. You're  5 supposed to be placing these loosely.  6 Q. What does that mean, "loosely"?  7 A. Well, it's a tension-free device,  8 which means that you're not supposed to put tension  9 on the mesh when you place it.  10 Q. Is tension placed on the TVT mesh  11 when it's placed in the body?  12 A. It is, if it's not placed properly  13 and carefully, and that's part of what our training  14 is about.  15 Q. A doctor can follow the TVTTM  16 Retropubic procedure and still place tension on the  17 mesh during the insertion process, correct?  18 A. Sometimes inadvertently they can do  19 it, if they're not being careful.  20 Q. When mesh is -- rephrase.  21 When tension is placed on the TVTTM  22 Retropubic mesh during implantation, that can deform  23 the mesh, correct?  24 A. Yes, it could. If you put too much  25 tension on when you're placing it you can cause</p>

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<p style="text-align: right;">Page 218</p> <p>1 deformation.</p> <p>2 MR. SLATER: Move to strike from "if"</p> <p>3 forward.</p> <p>4 BY MR. SLATER:</p> <p>5 Q. When tension is placed on the TVTTM</p> <p>6 Retropubic mesh, that can cause the mesh to rope and</p> <p>7 curl, correct?</p> <p>8 A. Yeah, I think it could, yes.</p> <p>9 Q. Did you ever see Ethicon warn doctors</p> <p>10 about roping and curling of the mesh as a result of</p> <p>11 tension? Did you see a warning to that effect in</p> <p>12 the IFU or somewhere else?</p> <p>13 A. The IFU does warn about putting too</p> <p>14 much tension on mesh. It talks about it in the IFU.</p> <p>15 Q. Does it -- does the IFU point to the</p> <p>16 risk that if tension is placed on the mesh, that can</p> <p>17 lead to roping and curling of the mesh? Does it say</p> <p>18 that?</p> <p>19 A. No, it doesn't say roping and curling</p> <p>20 specifically, but it talks about over tensioning of</p> <p>21 the mesh being a warning.</p> <p>22 Q. The IFU says that too much tension</p> <p>23 applied to the tape may cause temporary or permanent</p> <p>24 lower urinary tract obstruction; that what you're</p> <p>25 referring to?</p>	<p style="text-align: right;">Page 220</p> <p>1 Q. If there's no leakage, that would</p> <p>2 mean it's too tight, right?</p> <p>3 A. No, not necessarily.</p> <p>4 Q. If there's no leakage -- well,</p> <p>5 rephrase.</p> <p>6 The reason you want to see a little</p> <p>7 leakage is because there's going to be some</p> <p>8 contraction and you don't want it to be too much and</p> <p>9 then cause an obstruction, right?</p> <p>10 A. Yes. But you know something, I think</p> <p>11 that it's really the surgeon's prerogative how to</p> <p>12 tension it. There is an art more than a science to</p> <p>13 this. So we don't go by IFUs when we talk about</p> <p>14 sling tensioning; that's something we learn in our</p> <p>15 practice, in our fellowship, in our training, in our</p> <p>16 experience with doing these slings.</p> <p>17 So I personally don't do cough tests.</p> <p>18 MR. SLATER: Move to strike after</p> <p>19 "yes."</p> <p>20 BY MR. SLATER:</p> <p>21 Q. Other than your work in this case,</p> <p>22 reading documents in connection with this case, were</p> <p>23 you familiar with the concept of cytotoxicity?</p> <p>24 A. No. I mean, not specifically with</p> <p>25 TVT. I've heard the word cytotoxicity before, but</p>
<p style="text-align: right;">Page 219</p> <p>1 A. Yes.</p> <p>2 Q. It says -- the IFU says nothing about</p> <p>3 the risk that tension on the mesh can lead to roping</p> <p>4 or curling?</p> <p>5 A. It doesn't say roping or curling in</p> <p>6 the IFU.</p> <p>7 Q. Have you had roping or curling of</p> <p>8 mesh that you -- of TVTTM Retropubic mesh that</p> <p>9 you've put in women's bodies?</p> <p>10 A. I can't recall a specific case where</p> <p>11 I've seen, in my patients, roping and curling.</p> <p>12 Q. You've seen roping and curling of</p> <p>13 TVTTM Retropubic mesh that was placed by other</p> <p>14 doctors?</p> <p>15 A. I have. I've seen the mesh get</p> <p>16 banded into a tight rope. And that's -- and that's</p> <p>17 just when there's too much tension placed on it.</p> <p>18 Q. When the mesh is placed -- actually,</p> <p>19 let me just check something.</p> <p>20 When the mesh is placed, if a cough</p> <p>21 test is performed during the procedure, what should</p> <p>22 the surgeon be looking for?</p> <p>23 A. If you do it that way, you should be</p> <p>24 looking for just a little bit of leakage with a --</p> <p>25 with a cough.</p>	<p style="text-align: right;">Page 221</p> <p>1 not in relation to the sling.</p> <p>2 Q. You're not -- you're not offering</p> <p>3 opinions -- rephrase.</p> <p>4 You're not proposing to offer expert</p> <p>5 opinions regarding cytotoxicity in this case, are</p> <p>6 you?</p> <p>7 A. I'm not a histopathologist, so no.</p> <p>8 MR. SLATER: I don't have any other</p> <p>9 questions.</p> <p>10 - - -</p> <p>11 (Whereupon, a discussion off the</p> <p>12 record occurred.)</p> <p>13 - - -</p> <p>14 VIDEO TECHNICIAN: The time is 2:04</p> <p>15 p.m. Going off the record.</p> <p>16 - - -</p> <p>17 (Whereupon, a discussion off the</p> <p>18 record occurred.)</p> <p>19 - - -</p> <p>20 VIDEO TECHNICIAN: The time is 2:08</p> <p>21 p.m. We are back on the record.</p> <p>22 - - -</p> <p>23 EXAMINATION</p> <p>24 - - -</p> <p>25 BY MS. KABBASH:</p>



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<p style="text-align: right;">Page 222</p> <p>1 Q. Dr. Fleischmann, I have some 2 questions to ask you. 3 You were asked several questions 4 today regarding your opinions, in the Corbet case, 5 regarding the adequacy of the TVTTM Retropubic 6 warnings. 7 Do you recall that? 8 A. Yes. 9 Q. And you have -- am I correct that you 10 have offered the opinions in your expert report, and 11 here today, that the TVT warnings that were in place 12 at the time of Mrs. Corbet's surgery were adequate, 13 correct? 14 MR. SLATER: Objection to the form of 15 the question. Leading. I object to all leading 16 questions. I'll continue to say object to the form 17 every time. It's inadmissible to question your own 18 expert that way here. 19 MS. KABBASH: You can answer. 20 THE WITNESS: Yes, I believe the 21 warnings are adequate. 22 - - - 23 (Whereupon, a discussion off the 24 record occurred.) 25 - - -</p>	<p style="text-align: right;">Page 224</p> <p>1 warnings are adequate mean that they are adequate 2 only for you personally? 3 MR. SLATER: Objection. 4 THE WITNESS: No. The warnings are 5 adequate for any trained person who is placing the 6 TVT. 7 BY MS. KABBASH: 8 Q. Do you believe that the TVT warnings 9 in place at the time of Mrs. Corbet's surgery were 10 adequate for the medical community of doctors who do 11 pelvic floor surgery to treat stress urinary 12 incontinence? 13 A. Yes. 14 MR. SLATER: Objection. 15 THE WITNESS: Yes. 16 BY MS. KABBASH: 17 Q. And, Doctor, you were asked some 18 questions about TVT EXACT®®®. 19 Do you currently use TVT EXACT®®®? 20 A. Yes, I have. 21 Q. Is TVT EXACT®®® a retropubic approach 22 of sling to treat SUI? 23 A. Yes, it is. 24 Q. Does -- do the trocars in TVT EXACT®®® 25 travel the same anatomical path as the trocars in</p>
<p style="text-align: right;">Page 223</p> <p>1 BY MS. KABBASH: 2 Q. Dr. Fleischmann, what is your opinion 3 on the adequacy of the TVT warnings based on? What 4 sources of information? 5 A. I base my opinion on my experience, 6 on my review of the medical records, my training, 7 and everything I've seen regarding TVT, that these 8 warnings were adequate. 9 Q. In terms of what you've seen 10 regarding TVT, does that include medical literature? 11 A. Yes. 12 Q. And can you tell me a bit about the 13 body of medical literature that has informed your 14 opinion about the adequacy of TVT's warnings? 15 MR. SLATER: Objection. 16 You can answer. 17 THE WITNESS: I reviewed a lot of 18 literature over the last several months, and even 19 since the beginning of my career. And there is 20 definitely Level 1 systematic reviews that talk 21 about the risks associated with TVT, and these are 22 adequately addressed in the warnings. 23 BY MS. KABBASH: 24 Q. You testified -- strike that. 25 Does your opinion that the TVT</p>	<p style="text-align: right;">Page 225</p> <p>1 TVTTM Retropubic? 2 A. The exact same place. 3 Q. Is it your current intention to 4 continue to use TVT EXACT®®® in the future, in 5 patients for whom you believe it is appropriate? 6 MR. SLATER: Objection. 7 THE WITNESS: Absolutely. 8 BY MS. KABBASH: 9 Q. Is the mesh sling of the TVT EXACT®®®, 10 other than being laser cut, the same as the mesh 11 sling in TVTTM Retropubic? 12 A. Yes, it's the same. 13 Q. And have you noticed any difference 14 in the clinical outcomes between your patients who 15 have had TVT EXACT®®® versus your patients who have 16 had TVTTM Retropubic? 17 A. No, I haven't. 18 Q. Did the fact that TVT EXACT®®® uses a 19 laser cut mesh sling play any role whatsoever in 20 your decision to use TVT EXACT®®®? 21 A. No. In fact, I'm not even sure I 22 knew that it was a laser cut mesh when I first 23 started using it. 24 Q. Do you continue to use TVT-O today? 25 A. Yes, I do.</p>

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<p style="text-align: right;">Page 226</p> <p>1 Q. And does the version of TVT-O that 2 you use today have a mechanical cut sling or a laser 3 cut sling? 4 A. We still have the mechanical cut 5 sling on our shelves. 6 Q. And that's what you use? 7 A. Yes, I like it. 8 Q. Do you have any current intention to 9 switch from a mechanical cut sling to a laser cut 10 sling for your use of TVT-O? 11 A. No, I don't. 12 Q. Did you begin to use the TVT-O 13 because you thought TVTTM Retropubic was unsafe? 14 A. I didn't think it was unsafe. I just 15 preferred the risks of the TVT-O versus the risks of 16 the TVT-R. 17 Q. And do you -- do you believe that a 18 choice of TVTTM Retropubic or TVT-O can be a matter 19 of surgeon preference in many cases? 20 MR. SLATER: Objection. 21 THE WITNESS: Absolutely. Because I 22 still use the TVTTM Retropubic. 23 BY MS. KABBASH: 24 Q. And do you consider -- when you chose 25 to use TVT-O, was that a matter of surgeon</p>	<p style="text-align: right;">Page 228</p> <p>1 pubovaginal sling. It includes Burch 2 colposuspension. 3 Q. Dr. Fleischmann, you were asked some 4 questions earlier today about foreign body reaction 5 and the February 2013 pathology report that was 6 issued by the hospital following Dr. Smith's 7 revision of Ms. Corbet's sling. 8 Do you recall that? 9 A. Yes. 10 Q. Did you also, in your review of the 11 records, have occasion to see the pathology report 12 from July 2011 that accompanied Dr. Harrell's 13 initial implant surgery? 14 MR. SLATER: Objection. 15 THE WITNESS: I did review his 16 pathology report. 17 BY MS. KABBASH: 18 Q. And did that pathology report address 19 tissue that had been removed from Mrs. Corbet before 20 her TVT implant was done? 21 MR. SLATER: Objection. 22 THE WITNESS: Yes, it did. 23 BY MS. KABBASH: 24 Q. Does that report refer to chronic 25 inflammation?</p>
<p style="text-align: right;">Page 227</p> <p>1 preference for you? 2 MR. SLATER: Objection. 3 THE WITNESS: I found the device easy 4 to use in my hands. It was -- remember, I'm 5 training a lot of residents and fellows, and I know 6 that, initially with training, you have much higher 7 risks of bladder injuries. And I just felt that, in 8 my hands and in training, it was -- it was more 9 beneficial to the patients to have a TVTTM 10 Obturator. 11 BY MS. KABBASH: 12 Q. And the risk of bladder injuries, is 13 that warned of in the TVT warnings that were in 14 place at the time of Kathryn Corbet's surgery? 15 A. Absolutely warned about. 16 MR. SLATER: Objection. 17 BY MS. KABBASH: 18 Q. And does the risk of bladder 19 injuries exist for any sling to treat SUI that has a 20 retropubic approach? 21 MR. SLATER: Objection. 22 THE WITNESS: Absolutely. 23 BY MS. KABBASH: 24 Q. And that includes TVT EXACT®®®? 25 A. It includes TVT EXACT®®®. It includes</p>	<p style="text-align: right;">Page 229</p> <p>1 MR. SLATER: Objection. 2 THE WITNESS: I recall that it did, 3 which is normal in vaginal tissue, to see chronic 4 inflammation. 5 BY MS. KABBASH: 6 Q. And why is that? 7 A. Because vaginal tissue is exposed to 8 the outside world, and it can become chronically 9 inflamed. 10 Q. Dr. Fleischmann, are you aware of any 11 sling material that eliminates or even reduces the 12 risk of vaginal exposure? 13 MR. SLATER: Objection. 14 THE WITNESS: I'm not aware of any 15 sling material that will reduce the risk of vaginal 16 exposure or any exposure. 17 BY MS. KABBASH: 18 Q. Are you aware of any sling material 19 that eliminates or even reduces the risk of vaginal 20 scarring? 21 MR. SLATER: Objection. 22 THE WITNESS: No. 23 BY MS. KABBASH: 24 Q. Are you aware of any sling material 25 that eliminates or even reduces the risk of urge</p>

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<p style="text-align: right;">Page 230</p> <p>1 incontinence?</p> <p>2 A. No, I'm not.</p> <p>3 Q. Are you aware of any sling material</p> <p>4 that eliminates or even reduces the risk of urinary</p> <p>5 frequency?</p> <p>6 MR. SLATER: Objection.</p> <p>7 THE WITNESS: No.</p> <p>8 BY MS. KABBASH:</p> <p>9 Q. Are you aware of any sling material</p> <p>10 that eliminates or even reduces the risk of</p> <p>11 hematoma?</p> <p>12 MR. SLATER: Objection.</p> <p>13 THE WITNESS: Not material. I think</p> <p>14 that when you place the device as in an obturator</p> <p>15 approach, there's much less of a risk of a hematoma.</p> <p>16 But any -- any sling that's placed in a retropubic</p> <p>17 space can develop a hematoma.</p> <p>18 BY MS. KABBASH:</p> <p>19 Q. Are you aware of any sling material</p> <p>20 that reduces or eliminates the risk of pain with</p> <p>21 sexual intercourse?</p> <p>22 MR. SLATER: Objection.</p> <p>23 THE WITNESS: No.</p> <p>24 BY MS. KABBASH:</p> <p>25 Q. Dr. Fleischmann, plaintiffs' counsel</p>	<p style="text-align: right;">Page 232</p> <p>1 that pelvic surgeons know, trained pelvic surgeons</p> <p>2 know, when placing slings or doing any kind of</p> <p>3 pelvic surgery.</p> <p>4 Q. Do you believe that these risks are</p> <p>5 common knowledge to the body of surgeons who are</p> <p>6 pelvic floor surgeons who treat stress urinary</p> <p>7 incontinence?</p> <p>8 MR. SLATER: Objection.</p> <p>9 THE WITNESS: Absolutely.</p> <p>10 BY MS. KABBASH:</p> <p>11 Q. Do you believe that several of these</p> <p>12 risks are risks of general pelvic surgery as opposed</p> <p>13 to specifically related to a device?</p> <p>14 MR. SLATER: Objection.</p> <p>15 THE WITNESS: Absolutely.</p> <p>16 BY MS. KABBASH:</p> <p>17 Q. Doctor, based on your experience and</p> <p>18 your review of the medical literature, have you seen</p> <p>19 evidence that roping or curling of mesh slings</p> <p>20 happened in the absence of a doctor putting too much</p> <p>21 tension on the mesh?</p> <p>22 MR. SLATER: Objection.</p> <p>23 THE WITNESS: No, I haven't.</p> <p>24 BY MS. KABBASH:</p> <p>25 Q. Dr. Fleischmann, plaintiffs' counsel</p>
<p style="text-align: right;">Page 231</p> <p>1 asked you a series of questions before about a</p> <p>2 series of risks and whether they are a risk of TVT,</p> <p>3 and I'll just -- I'll list them as best we can.</p> <p>4 One was chronic pain; another was</p> <p>5 dyspareunia that, in some patients will not resolve;</p> <p>6 another was regarding neuromuscular problems, and it</p> <p>7 went into further detail; another was excessive</p> <p>8 contraction or shrinkage of the mesh; another was</p> <p>9 that the risk may require surgical treatment, and</p> <p>10 that revision surgery may happen; and I believe the</p> <p>11 last one was that significant dissection might be</p> <p>12 required.</p> <p>13 Do you recall that line of</p> <p>14 questioning by plaintiffs' counsel?</p> <p>15 A. Yes, I do.</p> <p>16 Q. Dr. Fleischmann, is it your opinion</p> <p>17 that Ethicon needs to warn doctors of those risks,</p> <p>18 as plaintiffs' counsel worded them, so that their</p> <p>19 warnings will be adequate?</p> <p>20 MR. SLATER: Objection.</p> <p>21 THE WITNESS: I don't believe that it</p> <p>22 is needed.</p> <p>23 BY MS. KABBASH:</p> <p>24 Q. And why is that?</p> <p>25 A. Because I think these are the risks</p>	<p style="text-align: right;">Page 233</p> <p>1 asked you before whether it would be, and I believe</p> <p>2 he used the word speculative, to say that certain</p> <p>3 risks would happen if other surgery had been used on</p> <p>4 Mrs. Corbet.</p> <p>5 Do you recall that line of</p> <p>6 questioning?</p> <p>7 A. Yes, I do.</p> <p>8 Q. Even though you cannot say for sure</p> <p>9 whether a risk will happen, does the potential that</p> <p>10 risks could happen, is that relevant to a doctor's</p> <p>11 recommendation of what the appropriate treatment</p> <p>12 would be?</p> <p>13 MR. SLATER: Objection.</p> <p>14 THE WITNESS: Yes, because we need to</p> <p>15 discuss all of the risks and benefits with our</p> <p>16 patients so that we can make an informed decision.</p> <p>17 And there is no procedure that does not involve</p> <p>18 risk.</p> <p>19 MS. KABBASH: I don't have any other</p> <p>20 questions at this time. He might have a few more.</p> <p>21 - - -</p> <p>22 EXAMINATION</p> <p>23 - - -</p> <p>24 BY MR. SLATER:</p> <p>25 Q. The TVT-O, the insertion and the</p>

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<p style="text-align: right;">Page 234</p> <p>1 trocars, takes a different path than with the TVTMM  2 Retropubic, correct?  3 A. Yes.  4 Q. And different from the TVT EXACT®®,  5 correct?  6 A. Yes. Those are both retropubic  7 slings, and the obturator goes to the obturator  8 space.  9 Q. With regard to the warnings, is it  10 fair to say that you have no information whatsoever  11 as to what a medical device manufacturer, or even  12 Ethicon in specific, is required to do in providing  13 warnings?  14 MS. KABBASH: Objection.  15 THE WITNESS: No, I have a lot of  16 ideas of what a medical device manufacturer is  17 supposed to do.  18 BY MR. SLATER:  19 Q. I understand you may have ideas.  20 But you have no knowledge of any  21 standards or criteria that are applicable to a  22 medical device manufacturer, like Ethicon, in  23 providing warnings, correct?  24 MS. KABBASH: Objection.  25 THE WITNESS: I think I do have an</p>	<p style="text-align: right;">Page 236</p> <p style="text-align: center;">1 CERTIFICATE  2  3  4 I HEREBY CERTIFY that the witness was  5 duly sworn by me and that the deposition is a true  6 record of the testimony given by the witness.  7  8  9  10 Amanda Maslynsky-Miller  11 Certified Realtime Reporter  12 Dated: November 25, 2015  13  14  15  16 (The foregoing certification of this  17 transcript does not apply to any reproduction of the  18 same by any means, unless under the direct control  19 and/or supervision of the certifying reporter.)  20  21  22  23  24  25</p>
<p style="text-align: right;">Page 235</p> <p>1 idea of the standards. They are supposed to discuss  2 the risks of the procedure that are specific to that  3 device.  4 MR. SLATER: I have no other  5 questions.  6 - -  7 VIDEO TECHNICIAN: This marks the end  8 of today's deposition. The time is 2:21 p.m. We  9 are going off the record.  10 - - -  11 (Whereupon, the deposition was  12 concluded at 2:21 p.m.)  13 - - -  14  15  16  17  18  19  20  21  22  23  24  25</p>	<p style="text-align: right;">Page 237</p> <p style="text-align: center;">1 INSTRUCTIONS TO WITNESS  2  3 Please read your deposition  4 over carefully and make any necessary  5 corrections. You should state the reason  6 in the appropriate space on the errata  7 sheet for any corrections that are made.  8 After doing so, please sign  9 the errata sheet and date it. It will be  10 attached to your deposition.  11 It is imperative that you  12 return the original errata sheet to the  13 deposing attorney within thirty (30) days  14 of receipt of the deposition transcript  15 by you. If you fail to do so, the  16 deposition transcript may be deemed to be  17 accurate and may be used in court.  18  19  20  21  22  23  24  25</p>

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<div style="text-align: right; padding-right: 10px;">Page 239</div> <p>ACKNOWLEDGMENT OF DEPONENT</p> <p>I, _____, do</p> <p>hereby certify that I have read the foregoing pages, and that the same is a correct transcription of the answers given by me to the questions therein propounded, except for the corrections or changes in form or substance, if any, noted in the attached Errata Sheet.</p> <p>_____ NICOLE FLEISHMANN, M.D.      DATE</p> <p>Subscribed and sworn to before me this _____ day of _____, 20____.</p> <p>My commission expires: _____</p> <p>_____ Notary Public</p>																																																																															



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<div data-bbox="224 201 250 231"><b>5</b></div> <div data-bbox="99 233 310 474"> <b>5</b> 50:10,19 149:10  175:21  <b>5th</b> 174:4  <b>5-year</b> 99:22  <b>50</b> 141:12  <b>500</b> 1:18 6:12  <b>538-0800</b> 2:12  <b>56</b> 93:9 </div> <div data-bbox="224 499 250 529"><b>6</b></div> <div data-bbox="99 531 329 682"> <b>6</b> 3:6 174:15 175:15  <b>6th</b> 177:21  <b>6/26/14</b> 3:15 69:19  <b>60,000</b> 43:9,14  <b>69</b> 3:15 </div> <div data-bbox="224 707 250 737"><b>7</b></div> <div data-bbox="99 739 261 831"> <b>7</b> 5:17 175:14  <b>7-year</b> 99:22  <b>73</b> 3:16 </div> <div data-bbox="224 856 250 886"><b>8</b></div> <div data-bbox="99 888 315 1068"> <b>8</b> 3:14 87:25 92:24  <b>80</b> 46:1  <b>80s</b> 77:8,21,25  <b>85</b> 3:17  <b>86</b> 3:19,20,21  <b>877.370.3377</b> 1:24 </div> <div data-bbox="224 1094 250 1123"><b>9</b></div> <div data-bbox="99 1125 267 1247"> <b>9th</b> 74:8  <b>9:34</b> 1:19 6:11  <b>90</b> 22:5  <b>973</b> 2:5,12 </div>				
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